

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000022

1. Entity Name

BRENDA DEARMOND REALTY, L.L.C.

Principal Place of Business

1214 CASTLEPORT RD.
WINTER GARDEN FL 34787

Mailing Address

P.O. BOX 617676
ORLANDO FL 32861

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2525058

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEARMOND, BRENDA C
1214 CASTLEPORT RD.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM DEARMOND, BRENDA C
STREET ADDRESS CASTLEPORT RD.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE NAME MGRM PARKER, ROGER K
STREET ADDRESS 1214 CASTLEPORT RD.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Brenda DeArmmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-8-02

Date

407-522-9270

Daytime Phone #

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90044 009 ****55.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)