

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000028

1. Entity Name

SYMBIOSIS INVESTMENTS, LLC

FILED

01 MAY 18 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3 SOUTH STREET  
ST. AUGUSTINE, FL  
32084

Mailing Address

3 SOUTH STREET  
ST. AUGUSTINE, FL  
32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2270507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAN HORN, CRAIG  
3 SOUTH STREET  
ST. AUGUSTINE, FL 32084

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 WITH FEES \$50.00

Amount Checkable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VAN HORN, CRAIG  
3 SOUTH STREET  
ST. AUGUSTINE, FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

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

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

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

Date

Devin Phone #

4/30/01

9043474623

CR2E083 (11/00)