

2001 UNIFORM BUSINESS REPORT (UBR)

0023405 AF

DOCUMENT # L00000000784

1. Entity Name
SNOOK & ASSOCIATES, L.L.C.

FILED

01 FEB 23 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
207 WESTMORELAND CIRCLE
KISSIMMEE FL 34745

Mailing Address
P.O. BOX 450762
KISSIMMEE FL 34745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

7. Name and Address of New Registered Agent

KORSHAK, STEPHEN D
2345 SAND LAKE ROAD
SUITE 120
ORLANDO FL 32809

Name SUSAN L. SNOOK
Street Address (P.O. Box Number is Not Acceptable) 11455 So Orange Blossom Tr #19
City ORLANDO FL Zip Code 32837

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

Susan L. Snook

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb, 2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE BROKER / OWNER / MGR ☐ Delete
NAME SUSAN L. SNOOK
STREET ADDRESS 207 WESTMORELAND CR.
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Susan L. Snook

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

Date

Daytime Phone #

02/06/01 407-825-9633

CR2E083 (11/00)