

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001508

1. Entity Name
LIGFRA INVESTMENT, L.L.C.

Principal Place of Business
107 LEROY AVENUE
LEHIGH ACRES FL 33972-5610

Mailing Address
107 LEROY AVENUE
LEHIGH ACRES FL 33972-5610

2. Principal Place of Business

107 Leroy Ave.
Suite, Apt. #, etc.
Lehigh Acres, FL

3. Mailing Address

107 Leroy Ave.
Suite, Apt. #, etc.
Lehigh Acres, FL

City & State
33972

Zip
Country Lee

City & State

Lehigh Acres, FL
Zip 33972
Country Lee

4. FEI Number
65-1003436

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PLAZAS-OZEKI, LIGIA
107 LEROY AVENUE
LEHIGH ACRES FL 33972-5610

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Owner
Ligia Plazas-Ozeki
107 Leroy Ave. Lehigh Acres

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003854171-9
-03/15/01-01061-018
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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: *Ligia Plazas-Ozeki* **SIGNATURE REQUIRED**

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

03/06/01 941-303-2228
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CP2E083 (11/00)