

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90022 046 ****55.00

DOCUMENT # L00000001974

1. Entity Name

EMBASSY VENTURES, LLC



Principal Place of Business

Mailing Address

102 DRENNEN RD., STE. A-2
ORLANDO FL 32806

102 DRENNEN RD., STE. A-2
ORLANDO FL 32806

2. Principal Place of Business

303 S. LAUREL AVE

Suite, Apt. #, etc.

3. Mailing Address

303 S. LAUREL AVE

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

**USA
SEMINOLE**

Zip

32771

Country

USA

4. FEI Number

59-3626561

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIGH & LOW ELECTRIC, INC.
102 DRENNEN RD STE A-2
ORLANDO FL 32806** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
High & Low Electric, Inc.
303 S. Laurel Ave
Sanford, FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EMBASSY CUSOM HOMES, INC.
229 HANGING MOSS DRIVE
OVIEDO FL 32765** ☐ Delete

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

TITLE
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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 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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-30-03

CR2E083 (10/02)