

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002278

1. Entity Name

AOG TRI-COUNTY INVESTMENTS & MANAGEMENT, LLC

Principal Place of Business

328 TAMAMI TRAIL
PORT CHARLOTTE FL 33953

Mailing Address

328 TAMAMI TRAIL
PORT CHARLOTTE FL 33953

2. Principal Place of Business

287 FORTALEZA ST

Suite, Apt. #, etc.

PUNTA GORDA, FL

City & State

33983

Zip

Country

3. Mailing Address

FORTALEZA ST

Suite, Apt. #, etc.

PUNTA GORDA FL

City & State

33983

Zip

Country

4. FEI Number

65-1023634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARIE MREJEN, P.A.

701 W. CYPRESS CREEK RD

SUITE 302

FT. LAUDERDALE FL

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.

(NOT Registered Agent signature required when reinstating)

DATE

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

000004218570--2
-05/15/01--01136--018
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete

MGRM
SCHNEIDEROVITCH, OREN
~~328 TAMAMI TRAIL~~
PORT CHARLOTTE FL 33953

TITLE NAME ☐ Delete

MGRM
JAHIEL, ALFRED
~~328 TAMAMI TRAIL~~
PORT CHARLOTTE FL 33953

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition

287 FORTALEZA,
PUNTA GORDA, FL 33983

TITLE NAME ☒ Change ☐ Addition

287 FORTALEZA
PUNTA GORDA, FL 33983

TITLE NAME ☐ Change ☐ Addition

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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:

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

04/25/01

(941)625-5527

Date

Daytime Phone #

CR2E083 (11/00)

0020235 AF

FILED

01 APR 30 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE