Amended

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00 000002829

1. Entity Name

POLAR GROWTH LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2666 SWAMP CABBAGE CT,

Suite, Apt. #, etc.

City & State FT MYERS FL

Zip 33901   Country

3. Mailing Address
P.O. BOX 7584

Suite, Apt. #, etc.

City & State FT. MYERS FL

Zip 33911   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994372

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MAYER G. T.

Street Address (P.O. Box Number is Not Acceptable)
1008 ½ DREW ST.

City CLEARWATER   FL   Zip Code 33755

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.

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-06/03/02--01039--005

	FEE IS $50.00 Make Check Payable to Department of State DUE BY MAY 1	*****50.00 *****50.00

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGR	TITLE	
NAME	MAYER G.T	NAME	
STREET ADDRESS	1008 ½ DREW ST	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: _____   4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #