2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002883

1. Entity Name

GEORGE A FIZELL, LLC



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90004 005 ****50.00

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Principal Place of Business			Mailing Address									
200 EAST 13 STREET STE B RIVIERA BEACH FL 33404			200 EAST 13 STREET STE B RIVIERA BEACH FL 33404			1 188		1166 20 669 80 161	IR (0) I	1111 88 111 8	3 ((4)) 4 1 } (4) 6 (i rias filiz i as t
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HE	RE IF	MAKINO	G CHANGES	S
City & State			City & State			4. FEI Nun	nber	26-6842	285			Applied For
Zip Country		Zip	Country						\$5.00 Ac	dditional		
6. Name and Address of Current Registered Agent						7. Name a	nd Add	ress of Ne	w Reg	istered	Agent	
1 444	ONT & NE	I MANI DA		Name		_		The speed of the second	·	= -		
LAMONT & NELMAN, P.A. ONE BISCAYNE TOWER, 3550 2 SOUTH BISCAYNE BLVD				Street A	ddress (P	ss (P.O. Box Number is Not Acceptable)						
	MI FL 3313											
				City					,	FL		i
8. The above the obligation	named entity ons of regist	v submits this statement for the ered agent.	he purpose of changing its re	egistered office or	registere	d agent, or b	ooth, in t	he State of	Florid	a. Iam	familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	W!!! FEE IS \$! to Florida Dep By May 1, 2003	artmen	t of State									
9. MANAGING MEMBERS			I B/MANAGERS	10.			L	ADDITION	VS/CH	IANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14099 MI	GEORGE A COSUKEE TRL ACH GARDENS FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				, <u>, , , , , , , , , , , , , , , , , , </u>	10,01	# 4 4 <u>422</u> 0	☐ Change	Addition
TITLE NAME		ACTI CARDENS PL 33411	Delete	TITLE			·				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP								
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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 eath; 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: