

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003157

1. Entity Name

ADVENIR @ HOMESTEAD, LLC

Principal Place of Business

133 SEVILLA
CORAL GABLES FL 33134

Mailing Address

133 SEVILLA
CORAL GABLES FL 33134

FILED

01 FEB -9 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Advenir, LLC

Suite, Apt. #, etc.

10 Waterchase Dr., Ground

City & State Floor
Rocky Hill, CT.

Zip
06067

Country
USA

3. Mailing Address

Advenir, LLC

Suite, Apt. #, etc.

10 Waterchase Dr., Ground

City & State Floor
Rocky Hill, CT

Zip
06067

Country
USA

4. FEI Number

06-1572442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLNICK, NEIL
133 SEVILLA
CORAL GABLES FL 33134

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 MGRM
NAME ADVENIR, LLC ☐ Delete
STREET ADDRESS 10 WATERCHASE DRIVE
CITY-ST-ZIP ROCKY HILL CT 06067

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
NAME Stephen L. Vecchitto
STREET ADDRESS same as Advenir
CITY-ST-ZIP

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

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

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

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

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

Date

Daytime Phone #

2/2/01 (800) 257-4600

CR2E083 (11/00)