

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003282

1. Entity Name
SUSSEX PROPERTIES, L.L.C.

FILED

01 FEB 22 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2198 MAIN STREET
SARASOTA FL 34237

Mailing Address
2198 MAIN STREET
SARASOTA FL 34237

2. Principal Place of Business
4270 TENNYSON WAY
Suite, Apt. #, etc.

3. Mailing Address
4270 TENNYSON WAY
Suite, Apt. #, etc.

City & State
VENICE FL

City & State
VENICE FL

4. FEI Number ☒ Applied For
Not Applicable

Zip
34293 Country
USA

Zip
34293 Country
USA

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

~~JAENSCH, P. CHRISTOPHER
2198 MAIN STREET
SARASOTA FL 34237~~

Name
MICHAEL E. THOMAS
Street Address (P.O. Box Number is Not Acceptable)
4270 TENNYSON WAY
WOODMERE LAKES
City
VENICE FL Zip Code
34293

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 *M.E. Thomas* M.E. THOMAS (PRINCIPAL) 2-19-2001
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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, MICHAEL 4270 TENNYSON WAY VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, ALMA 4270 TENNYSON WAY VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
100003768981--6 02/26/01 01161-022 *****50.00 *****50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M.E. Thomas* M.E. THOMAS 2-19-01 941-497-1505
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone

002231 AF

CP2E083 (11/00)