## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCL	IMENIT # 1 0000		,,,, (OD	-				
DOCUMENT # L0000003301  ROLLS ROYCE HOMES, LLC					FILED 01 APR 18 PM 2: 45			
12465 2ND ST., E. UNIT B104 12465 2ND ST., E. UNIT B104						TALLAH	ASSEE, FLUKIU	М
TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706								
o Painting	Di							
Principal Place of Business     Address     Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS SPACE	,	
City & State		City & State			4. FEIN	lumber	<del></del>	applied For lot Applicable
Zip	Country	Zip ,	Zip Country		5. Certi	ficate of Status Desired	□ \$5.00 Ac	ditional
	6. Name and Address of Current R	egistered Agent			7. Nam	and Address of New	Fee Requir	90
KAZAKO	IW IVAN		Name					
12465 2ND ST., E, APT B104					O. Box N	umber is Not Acceptabl	e) 	
TREASU	RE ISLAND FL 33706							
			City				FL Zip Coo	de 
8. The above	e named entity submits this statement for	the purpose of changing its	registered office o	r registerec	d agent, o	or both, in the State of Fl		
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signal	ture required wh	hen reinstati	na)	# 04 ( (	6 (01
							078177	8
		Make Check Pay	OW!!! FEE IS ( yable to Depart		State	-04/2	5/0101089 *50.00 *****	-025
9.	MANAGING MEMBER	RS/MEMBERS	10.			ADDITIONS		.30.00
TITLE	PRESIDENT/SEC	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	17465- 2ND ST. L	E APT R-RY	NAME STREET ADDRESS		•			,
CITY-ST-ZIP	TREASURE TSLAN	11 FL 33706	CITY-ST-ZIP			···		
TITLE NAME	FRONT CLANHOLD ST.	TRESSORE Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	12465-2110 57,	6, DOT B-114	STREET ADDRESS					
CITY-ST-ZIP TITLE	TBEASURE FSLAND	)	CITY-ST-ZIP				Change	Addition
NAME	·		NAME				Onlinge	
street,address <u>.</u> City-st-zip		<u></u>	STREET ADDRESS CITY-ST-ZIP	<u></u>	<del></del>			<del></del>
TITLE		☐ Delete	TITLE				. Change	Addition
NAME Street address	,		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				-	
TITLE Name		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		Пос	CITY-ST-ZIP					
AME		☐ Defete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip					İ
II. I hereby c	certify that the information supplied with the	is filing does not qualify for t	the exemption stat	ed in Section	on 119.0	7(3)(i), Florida Statutes.	further certify that the in	oformation
	on this report is true and accurate and the billity company or the receiver or trustee e						ing member or manage	r of the
016	X Sansa	MOR DRANTS	oie a				/ A •	ļ
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF SI	IGNING MANAGING MEMBER, MANA	「正記せり IGER, OR AUTHORIZED	REPRESENTA'	TIVE	04/16 f	Daytime Phone #	<del></del>