

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90012 010 \*\*\*\*55.00

0028315

**DOCUMENT # L00000003615**

1. Entity Name

**RESIDEV, LLC**

Principal Place of Business

997 W. KENNEDY BLVD., SUITE A25  
 ORLANDO FL 32810

Mailing Address

997 W. KENNEDY BLVD., SUITE A25  
 ORLANDO FL 32810

902441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **27-8442887**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAVELLE, PATRICIA**  
**997 W. KENNEDY BLVD., SUITE A25**  
**ORLANDO FL 32810**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**LAVELLE, PATRICIA**  
**997 W. KENNEDY BLVD. A25**  
**ORLANDO FL 32810**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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

407  
 1/7/2002  
 660-9542

CR2E083 (9/01)