2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003742



FILED Feb 24, 2003 8:00 am Secretary of State

1. Entity Name LAKE SEARS, L.L.C.				02-24-2003 90054 022 ****50.00	
Principal Place 1420 S. FLOR LAKELAND FL	ce of Business	Mailing Address 1420 S. FLORIDA AVENU LAKELAND FL 33803	JE .		
2. Principal I	Place of Business	3. Mailing Address			
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	=	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3640104 Applied For	
Zip	Country	Zip	Country	Not Applicat S. Certificate of Status Desired \$5.00 Additional	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
HARPER, ROBERT F III 1420 S. FLORIDA AVENUE LAKELAND FL 33803			Name Street Addres	ess (P.O. Box Number is Not Acceptable)	
. The above	named entity submits this statemen	t for the purpose of changing it	City s registered office or regis	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept	
Signature	tions of registered agent. Signature, typed or printed name of registered ag	-	TE: Registered Agent signature requ		
		FILE N Make Check Payat Du	IOW!!! FEE IS \$50.0 ble to Florida Departn le By May 1, 2003	00	
9.	MANAGING MEM	BERS/MANAGERS	10.	ADDIT:ONS/CHANGES	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	MGR Harper, Paul Sean 1420 S. Florida Avenue Lakeland Fl 33803	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET AODRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

11 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 requirement of the 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 requirement of the requirement of the requirement of the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE