

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004221

1. Entity Name

CASTILLO-LANTHIER FORT MYERS PROPERTIES, LLC

FILED

01 MAY 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12211 ROSEMONT COURT
FORT MYERS FL 33913

12211 ROSEMONT COURT
FORT MYERS FL 33913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~ALLERGY AND ASTHMA CARE CENTER~~
~~Suite, Apt. #, etc.~~
~~8461 CROSS LAKE DRIVE~~

~~ABOVE~~
~~Suite, Apt. #, etc.~~

City & State

City & State

~~FORT MYERS~~

~~ABOVE~~

Zip
33919

Country
USA

Zip

Country

4. FEI Number

65-1072127

Applied For

Not Applicable

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

CASTILLO, LAZARO L
12211 ROSEMONT COURT
FORT MYERS FL 33913

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LAZARO L CASTILLO
ABOVE

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ANNA M LANTHIER
ABOVE

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
LAZARO L CASTILLO
12211 ROSEMONT CT
FORT MYERS, FL 33913

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004376547-1
-06/07/01--01129--002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
ANNA M LANTHIER
12211 ROSEMONT CT
FORT MYERS, FL 33913

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 ☐ *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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

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

Date

Daytime Phone #

4/11/01 945-489-1398