

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90040 031 \*\*\*\*55.00

**DOCUMENT #** L00000004324

**1. Entity Name**

LUCIDO/ORLANDO, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

322 GEORGIA AVE

Suite, Apt. #, etc.

**3. Mailing Address**

322 GEORGIA AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

STUART, FLORIDA

**City & State**

STUART, FL.

**4. FEI Number**

65-1153254

**Applied For**

Not Applicable

**Zip**

34994

**Country**

MARTIN

**Zip**

34994

**Country**

MARTIN

**5. Certificate of Status Desired** ☒

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Thomas P. Lucido

**Street Address (P.O. Box Number is Not Acceptable)**

322 GEORGIA AVE

**City**

STUART

**FL**

**Zip Code**

34994

**DO NOT WRITE  
IN THIS SPACE**

**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.

**DATE**

3-1-02

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGRM  
THOMAS P. LUCIDO  
322 GEORGIA AVE  
STUART, FL. 34994

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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**

**Business Phone #**

3-1-02 772-220-2100

CR2E083B (12/01)