

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90290 028 ****50.00

DOCUMENT # L00000004654

1. Entity Name

**MODULAR BUILDING SYSTEMS INTERNATIONAL,
L.L.C.**



Principal Place of Business

**8544 BAILEY DRIVE
CLERMONT FL 34711**

Mailing Address

**614 EAST HWY 50, SUITE 326
CLERMONT FL 34711**

2. Principal Place of Business

13340 W. Colonial Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Suite 250

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

Country

4. FEI Number

59-3640867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, BRADLEY J
538 VIRGINIA DRIVE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Davis Bradley J

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

1031 W. Morse Blvd Suite 350

City

Winter Park

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
NAME **BERK, PATRICIA**
STREET ADDRESS **8544 BAILEY DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VP** ☐ Delete
NAME **BERK, STEVEN**
STREET ADDRESS **8544 BAILEY DRIVE**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 #

Steven Berk **3/5/04** **4079059751**