

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005146

1. Entity Name
MANGROVE SANDS, LLC

FILED

01 JAN 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~125 CUNNINGHAM LANE~~
BIG PINE KEY FL 33043

Mailing Address
125 CUNNINGHAM LANE
BIG PINE KEY FL 33043

2. Principal Place of Business
446 CROTON LANE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 431817
Suite, Apt. #, etc.

City & State
BIG PINE KEY, FL
Zip
33043
Country
MONROE

City & State
BIG PINE KEY, FL
Zip
33043
Country
MONROE

4. FEI Number
65-1005077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, JOHN J
2975 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name
MARCEY DAVIS
Street Address (P.O. Box Number is Not Acceptable)
446 CROTON LANE
BIG PINE KEY, FL
City
FL Zip Code
33043

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
Marcey Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 18, 2001
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	MARCEY DAVIS	446 CROTON LANE	BIG PINE KEY, FL 33043	<input type="checkbox"/>
	WILLIAM N. REYNOLDS III	446 CROTON LANE	BIG PINE KEY FL 33043	<input type="checkbox"/>
	MARCEY DAVIS	446 CROTON LANE	BIG PINE KEY, FL 33043	<input type="checkbox"/>
TRES.	WILLIAM N. REYNOLDS III	446 CROTON LANE	BIG PINE KEY FL 33043	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marcey Davis

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

Jan 18, 2001 305872 0189
Date Daytime Phone #

CR2E083 (11/00)