

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90046 018 ****50.00

DOCUMENT # L00000005247

1. Entity Name

SUMMIT OF SAWGRASS, LLC



Principal Place of Business

**2850 LAKE WASHINGTON ROAD, SUITE 2
MELBOURNE FL 32935**

Mailing Address

**2850 LAKE WASHINGTON ROAD, SUITE 2
MELBOURNE FL 32935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3646793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ACKERMAN, MARK D
2850 LAKE WASHINGTON ROAD, SUITE 2
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

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. 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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ACKERMAN, MARK D	
STREET ADDRESS	2850 LAKE WASHINGTON ROAD, SUITE 2	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	O	<input type="checkbox"/> Delete
NAME	ACKERMAN, LON S	
STREET ADDRESS	1148 WIMBLEDON DR.	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	O	<input type="checkbox"/> Delete
NAME	ACKERMAN, ROBERT	
STREET ADDRESS	2850 LAKE WASHINGTON RD., STE. 2	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	O	<input type="checkbox"/> Delete
NAME	PROFUMO, PETER	
STREET ADDRESS	515 S. INDUSTRY RD.	
CITY-ST-ZIP	COCOA FL 32926-5874	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

CR2E083 (10/02)