

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90091 003 ****50.00

DOCUMENT # L00000006064

1. Entity Name

THE ENDANGERBLES, LC



Principal Place of Business

**1080 PEBBLE BEACH CT.
APOPKA FL 32712**

Mailing Address

**1080 PEBBLE BEACH CT.
APOPKA FL 32712**

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 **NOT APPLICABLE**

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

**KIRSCHENBAUM, JACK
1800 WEST HIBISCUS BLVD.
#1870
MELBOURNE FL 32902-1870**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **DODD, WILLIAM F**
STREET ADDRESS **1080 PEBBLE BEACH CT. 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 Tournament Dr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BRANT, ROBIN**
STREET ADDRESS **1080 PEBBLE BEACH COURT 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 Tournament Dr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **PICCININI, MARTEN W**
STREET ADDRESS **1080 PEBBLE BEACH CT 1944 TOURNAMENT DR**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **BENNER, MICHAEL**
STREET ADDRESS **500 OSCEOLA AVE #211 1944 TOURNAMENT DR**
CITY-ST-ZIP **WINTER PARK FL 32789 APOPKA, FL 32712**

TITLE ☒ Change ☐ Addition
NAME **1944 TOURNAMENT DR.**
STREET ADDRESS **APOPKA, FL. 32712**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *William F Dodd* REQUIRED

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

May 1, 03

Date

407-814-8558

Daytime Phone #

CR2E083 (10/02)