

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90158 017 ****55.00

DOCUMENT # L00000006278

1. Entity Name

GRANITE DEVELOPMENT II, L.C.



Principal Place of Business

% RELLEUM, INC.
801 LAUREL OAK DRIVE, SUITE 700
NAPLES FL 34108

Mailing Address

% RELLEUM, INC.
801 LAUREL OAK DRIVE, SUITE 700
NAPLES FL 34108

2. Principal Place of Business

9105 Corsea Del Fontana Way

3. Mailing Address

9105 Corsea Del Fontana Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34 109

Country

Zip

34 109

Country

4. FEI Number

59-3649378

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

RIHS, DOMINIQUE ESQ.
5131 SUNBURY COURT
NAPLES FL 34104

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 NAME **MGRM RELLEUM, INC.** ☐ Delete
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 700**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE NAME **MGRM MUELLER, JOHN S COT** ☐ Delete
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 700**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **9105 Corsea Del Fontana Way**
CITY-ST-ZIP **Naples FL 34109**

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **9105 Corsea Del Fontana Way**
CITY-ST-ZIP **Naples FL 34109**

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TITLE NAME ☐ Change ☐ Addition
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:

John Scot Mueller

John Scot Mueller

2/21/03

(239) 592-1888

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

Date

Daytime Phone #

CR2E083 (10/02)