

2002 UNIFORM BUSINESS REPORT (UBR)

2/1
2.

FILED
May 24, 2002 8:00 am
Secretary of State

02-05-2002 90114 036 ****50.00

DOCUMENT # L00000006741

1. Entity Name

SOUND BREEZE I, LLC

BIN

364373133

Principal Place of Business

CARRIAGE HOUSE APTS.
7155 N. 9TH AVE., #103A
PENSACOLA FL 32504

Mailing Address

CARRIAGE HOUSE APTS.
7155 N. 9TH AVE., #103A
PENSACOLA FL 32504

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

APPLIED FOR

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

JONGKO, GERMELINA
7155 N. 9TH AVE. APT. 103A
PENSACOLA FL 32504

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

DE LEON CONTRERAS, ROSE
7155 N. 9TH AVE., APT. 103A
PENSACOLA FL 32504

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

JONGKO RAY, ELIZA
7155 N. 9TH AVE., APT. 103A
PENSACOLA FL 32504

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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.

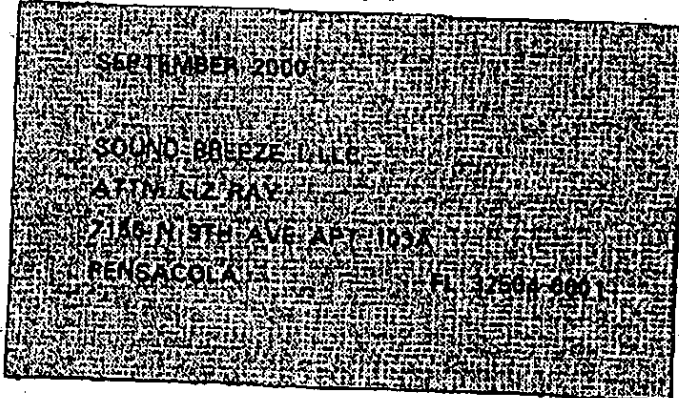
SIGNATURE:

SOUND BREEZE I, LLC

Date

Daytime Phone

CR2E083 (9/01)



Attachment
[Redacted]
83962
#2000000066747

Employer Identification Number:
384373133

Dear Taxpayer:

Thank you for enrolling in the Electronic Federal Tax Payment System. You may initiate payments at any time. Instructions have been included for your use. Your Personal Identification Number will be mailed to you under separate cover.

The attached Confirmation/Update form shows the data we currently have on file for you. Please retain it for future use. Review it for correctness on a routine basis. If you need to update it either now or in the future, the enclosed instructions will assist you with any changes or corrections. At that time, please return the form to the following address:

EFTPS ENROLLMENT
P.O. BOX 173788
DENVER, CO 80217-3788

If you need to update your taxpayer data with the IRS, call:

Internal Revenue Service
1-800-829-1040

If you have any questions or wish to request PC software, please call EFTPS Customer Service at 1-800-555-4477, Monday - Friday, between 8:30 AM and 8:00 PM Eastern Time. Thank You.

EFTPS Enrollment