

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-05-2002 90114 035 ****50.00

DOCUMENT # L00000006744

1. Entity Name

SOUND BREEZE II, LLC**364-373133**

Principal Place of Business

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

Mailing Address

**CARRIAGE HOUSE APT.
7155 N. 9TH AVE., #103A
PENSACOLA FL 32504****19889**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**JONGKO, GERMELINA
CARRIAGE HOUSE APT.
7155 N. 9TH AVE., #103A
PENSACOLA FL 32504**

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.

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DE LEON CONTRERAS, ROSE	
STREET ADDRESS	7155 N. 9TH AVE. 103A	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JONGKO RAY, ELIZA	
STREET ADDRESS	7155 N. 9TH AVE. 103A	
CITY-ST-ZIP	PENSACOLA FL 32504	

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

TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

Attachment
19895

H200000006748



SEPTEMBER 2000

SOUND-BREEZE I LLC
ATTN: LIZ RAY
7166 N 9TH AVE APT 105A
PENSACOLA FL 32504-8001

Employer Identification Number: _____

364373133

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