

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90300 008 ****50.00

DOCUMENT # L00000007058

1. Entity Name

ASSUMERE USA, LLC



Principal Place of Business

**7802 KINGSPONTE PKWY. SUITE 103
ORLANDO FL 32819**

Mailing Address

**7802 KINGSPONTE PKWY. SUITE 103
ORLANDO FL 32819**

2. Principal Place of Business

Doubletree Guest Suites

3. Mailing Address

4787 West Ido Bronson Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4787 W. Ido Bronson Hwy

Kissimmee

City & State

City & State

Kissimmee, FL

FLORIDA

Zip

Country

Zip

Country

34741

USA

34746

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3673952**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOKMENSUER, C. YANKI ESQUIRE
C/O SMITH, MACKINNON, GREELEY, ETC.
255 SOUTH ORANGE AVENUE, SUITE 800
ORLANDO FL 32801**

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** ☐ Delete
NAME **SABO, FERNANDO E**
STREET ADDRESS **7802 KINGS POINTE PARKWAY STE 103**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **MGR** ☐ Delete
NAME **SABO, MIRIAM E**
STREET ADDRESS **7802 KINGSPONTE STE 103**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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: *X*

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

Date

Daytime Phone #

CR2E083 (10/02)