

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 048 ****50.00

DOCUMENT # LC00000007260

1. Entity Name

COUNTLESS PROPERTIES LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2866 WILDWOOD DR

3. Mailing Address

2866 WILDWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

57-1111112

Applied For

Not Applicable

Zip

33761

Country

FLORIDA

Zip

33761

Country

FLORIDA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALAN GASSMAN ESQ

Street Address (P.O. Box Number is Not Acceptable)

1245 COURT ST

SUITE 102

City

CLEARWATER

FL

Zip Code

33756

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.

A. STIEREN

DATE

4-25-02

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ANGELIKA STIEREN
2866 WILDWOOD DR
CLEARWATER FL 33761

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

A. STIEREN

4-25-02

Daytime Phone #

727-45-0253

CR2E083B (12/01)