

2001 UNIFORM BUSINESS REPORT (UBR)

0000114 AF

DOCUMENT # L00000007533

1. Entity Name
HIBISCUS, LLC

FILED

01 JAN 29 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1775 W. HIBISCUS BLVD., SUITE 304
MELBOURNE FL 32901

Mailing Address
1775 W. HIBISCUS BLVD., SUITE 304
MELBOURNE FL 32901

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

59-3654874

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

CAPASSO, RONALD J
1775 W. HIBISCUS BLVD., SUITE 304
MELBOURNE FL 32901

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

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM George A. Adaniya ☐ Change ☒ Addition
NAME 7 Upson Road
STREET ADDRESS Wellesley, MA 02482
CITY-ST-ZIP

TITLE MGRM Ronald J. Capasso ☐ Change ☒ Addition
NAME 2079 Rockledge Drive
STREET ADDRESS Rockledge, FL 32955
CITY-ST-ZIP

TITLE MGRM Robert J. Fisher ☐ Change ☒ Addition
NAME 212 12th Terrace
STREET ADDRESS Indian Lake, FL 32903
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME 400003624104--6
STREET ADDRESS -02/02/01--01031--012
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ 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:

Ronald J. Capasso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/9/01

CR2E083 (11/00)