

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90735 034 ****50.00

DOCUMENT # L00000008280

1. Entity Name

TLWN REALTY, LLC

Principal Place of Business

C/O ESI SOUTH, INC.
2140 NE 36TH AVENUE, BLDG. 500
OCALA FL 33470-3110

Mailing Address

C/O ESI HOLDINGS
10 DORRANCE STREET, SUITE #505
PROVIDENCE RI 02903

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

06-1595435

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

TREMME, RICHARD
C/O ESI SOUTH, INC.
2140 NE 36TH AVENUE, BLDG. 500
OCALA FL 33470-3110

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR WIND, WILLIAM 10 DORRANCE ST., SUITE #505 PROVIDENCE RI 02903	<input type="checkbox"/>		<input type="checkbox"/>
MGR TREMME, RICHARD 10 DORRANCE ST., SUITE #505 PROVIDENCE RI 02903	<input type="checkbox"/>		<input type="checkbox"/>
MGR WIND, ALBERTA 10 DORRANCE ST., SUITE #505 PROVIDENCE RI 02903	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

5/21/02
Date

Daytime Phone #

CR2E083 (9/01)