

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008436

1. Entity Name

MICHAEL CURRAN LLC

Principal Place of Business

APT. 44, ENCOSTA DO LAGO
QUINTA DA LAGO 8135
ALMANCEL, PORTGAL

Mailing Address

~~APT. 44, ENCOSTA DO LAGO~~
~~QUINTA DA LAGO 8135~~
~~ALMANCEL, PORTGAL~~

FILED

01 JUL -5 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

215 NORTH EOLA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FLORIDA

4. FEI Number

N/A

Applied For

Not Applicable

Zip

Country

Zip

32801

Country

USA

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

RYAN, MICHAEL
215 N. EOLA DRIVE
ORLANDO FL 32801

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

000004476880--2

-07/16/01--01030--016

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM
NAME MICHAEL CURRAN ☐ Delete
STREET ADDRESS Apt. 44, Encosta Do Lago
CITY-ST-ZIP Quinta Da Lago 8135
Almancel, Portgal.

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: MICHAEL CURRAN

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

Date

Daytime Phone #

0033017 IN

00/11/680261