2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000008658**

1. Entity Name
SOLEIL MANAGEMENT GROUP, L.L.C.

Principal Place of Business		Mailing Address	
25 ISLAND RD.		25 ISLAND RD.	
STUART	FL	STUART	FL
349967006		349967006	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
25 ISLAND RD.		25 ISLAND RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: STUART	FL	City & State: STUART	FL
Zip: 349967006	Country: US	Zip: 349967006	Country: US

4. FEI Number **65-1058587** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRARY LAWRENCE EIII
555 COLORADO AVENUE, SUITE 1
STUART FL
34994 US

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 ______________________ 02/16/2001
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			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	HOFER SONIA E		NAME	HOFER SONIA E	
STREET ADDRESS	16 PERIWINKLE LANE		STREET ADDRESS	25 ISLAND RD.	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART FL 349967006	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	HOFER PHILLIP A		NAME	HOFER PHILLIP A	
STREET ADDRESS	16 PERIWINKLE LANE		STREET ADDRESS	25 ISLAND RD.	
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP	STUART FL 349967006	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: SONIA E. HOFER MGRM 02/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #