

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008719

1. Entity Name

LE SIRENUSE, LLC

Principal Place of Business

960 CAPE MARCO DRIVE #2305
MARCO ISLAND FL 34145

Mailing Address

960 CAPE MARCO DRIVE #2305
MARCO ISLAND FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3666942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIRRI, MARIANNE
960 CAPE MARCO DRIVE #2305
MARCO ISLAND FL 34145

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	TIRRI, MARIANNE	
STREET ADDRESS	960 CAPE MARCO DRIVE #2305	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

M. SIRENUSE **SIGNATURE REQUIRED**

1-6-02

941.793.2105

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90028 013 ****50.00

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DO NOT WRITE IN THIS SPACE

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