

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90079 048 *****50.00

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DOCUMENT # L00000009105

1. Entity Name

TOP FLORIDA IMMOBILIEN REALTY, LLC



Principal Place of Business

**1411 EAST CAPE PARKWAY
CAPE CORAL FL 33904**

Mailing Address

**1411 EAST CAPE PARKWAY
CAPE CORAL FL 33904**

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 **65-1028332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARYS, REMIGIUS
1039 SE 4TH TERRACE
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **Remigius Parys**
Street Address (P.O. Box Number is Not Acceptable)
4908 SW 18th Ct.
City **Cape Coral** FL Zip Code **33914**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Remigius Parys
Signature, typed or printed name of registered agent and title if applicable.

REMIGIUS PARYS

(NOTE: Registered Agent signature required when reinstating)

04-15-2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **PARYS, REMIGIUS**
STREET ADDRESS **1411 EAST CAPE PARKWAY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **MANAGING MEMBER** ☐ Delete
NAME **BEVERLY PARYS**
STREET ADDRESS **1411 CAPE CORAL PKWY. EAST**
CITY-ST-ZIP **CAPE CORAL, FL, 33904**

TITLE **MANAGING MEMBER** ☐ Change ☒ Addition
NAME **BEVERLY PARYS**
STREET ADDRESS **1411 CAPE CORAL PKWY. EAST**
CITY-ST-ZIP **CAPE CORAL, FL, 33904**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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

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:

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

04-15-2003

Date

(239) 541-9900

Daytime Phone #

CR2E083 (10/02)