

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009152

1. Entity Name

ACRES AWAY, L.C.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90072 007 ****50.00

956344



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O LOUIS STINSON, JR., P.A.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

Mailing Address
C/O LOUIS STINSON, JR., P.A.
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

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

65-1026572

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

STINSON, LOUIS JR., ESQ
4675 PONCE DE LEON BOULEVARD, SUITE 305
CORAL GABLES FL 33146

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

P
HARRINGTON, NEAL L
~~800 SOUTH AMERICA WAY~~
~~MIAMI FL 33132~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

HARRINGTON, NEAL L.
4150 Bay Point Road
MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
HARRINGTON, STEPHEN C
~~800 SOUTH AMERICA WAY~~
~~MIAMI FL 33132~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

HARRINGTON, Stephen C.
4150 Bay Point Road
MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD., #305
CORAL GABLES FL 33146

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E083 (9/01)