

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

0018426

DOCUMENT # L00000009152

1. Entity Name

ACRES AWAY, L.C.



04-03-2003 90011 001 ****50.00

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

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

#301

3. Mailing Address

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

#301



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables FLA

City & State

Coral Gables

4. FEI Number 65-1026572

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Louis Stinson, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd

#301

City Coral Gables

FL

Zip Code 33134

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

[Signature]

1/25/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRINGTON, NEAL L	
STREET ADDRESS	4150 BAY POINT ROAD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRINGTON, STEPHEN C	
STREET ADDRESS	4550 BAY POITN ROAD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR	
STREET ADDRESS	4675 PONCE DE LEON BLVD., #305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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: *[Signature]* **SIGNATURE REQUIRED**

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

3/21/03

Date

305-444-2107

Daytime Phone #

CR2E083 (10/02)