

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90082 009 *****50.00

0070662

DOCUMENT # L00000009332

1. Entity Name

ISLAND RETREAT, LLC



Principal Place of Business

**1930 BISHOP LANE, SUITE 422
LOUISVILLE KY 40218**

Mailing Address

**1930 BISHOP LANE, SUITE 422
LOUISVILLE KY 40218**

2. Principal Place of Business

6902 Cabot CT

Suite, Apt. #, etc.

3. Mailing Address

6902 Cabot CT

Suite, Apt. #, etc.

City & State

Prospect Ky.

City & State

Prospect Ky.

Zip

40059

Country

U.S.A.

Zip

40059

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **61-1371386**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORACE, ARTHUR L
2400 PALM RIDGE ROAD SUITE C-1
SANIBEL FL 33957**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FAY, JUDY	
STREET ADDRESS	1930 BISHOP LANE, STE 422	
CITY-ST-ZIP	LOUISVILLE KY 40218	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUNDERSON, STACEY	
STREET ADDRESS	1930 BISHOP LANE, STE 422	
CITY-ST-ZIP	LOUISVILLE KY 40218	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fay, Judy	
STREET ADDRESS	6902 Cabot CT	
CITY-ST-ZIP	Prospect, Ky 40059	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gunderson, Stacey	
STREET ADDRESS	6902 Cabot CT	
CITY-ST-ZIP	Prospect, Ky. 40059	
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		
CITY-ST-ZIP		
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		
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Stacey Gunderson **Stacey Gunderson MGRM 4/21/03**

CR2E063 (10/02)