

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90079 032 \*\*\*\*50.00

**DOCUMENT # L00000009376**

1. Entity Name

**LE FRANCILIEN, LLC**



Principal Place of Business

**2177 SIESTA DRIVE  
SARASOTA FL 34239**

Mailing Address

**2177 SIESTA DRIVE  
SARASOTA FL 34239**

2. Principal Place of Business

**2177 Siesta drive**

3. Mailing Address

**2177 Siesta drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA FL**

City & State

**SARASOTA FL**

4. FEI Number

**59-3153177**

Applied For

Not Applicable

Zip

**34239**

Country

**US**

Zip

**34239**

Country

**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOURDON, ANNIE  
2650 CLUB MAR DRIVE  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

**GOURDON Annie**

Street Address (P.O. Box Number is Not Acceptable)

**5618 AMERICA DRIVE**

City

**SARASOTA**

FL

Zip Code

**34231**

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

**04/29/2003**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GOURDON, ANNIE 2140 HILLVIEW STREET SARASOTA FL 34239</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GOURDON, YVON 2140 HILLVIEW STREET SARASOTA FL 34233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GOURDON Annie 5618 AMERICA drive SARASOTA, 34239, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. GOURDON YVON 5618 AMERICA drive SARASOTA, 34231, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**04/29/2003**

CR2E083 (10/02)