

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90104 041 ****55.00

DOCUMENT # L00000009758

1. Entity Name
9719 LANTANA ROAD LLC



Principal Place of Business

% EASTWOOD MULCH
PO BOX 540848
LAKE WORTH FL 33454

Mailing Address

% EASTWOOD MULCH
PO BOX 540848
LAKE WORTH FL 33454

60024960



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9719 LANTANA RD

3. Mailing Address

P.O. BOX 1390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

BOYNTON BEACH, FL

Zip

33467

Country

PB

Zip

33425

Country

PB

4. FEI Number 65-1074032

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

BOWDEN, RAYMOND I
132 SWEET BAY CIRCLE
JUPITER FL 33458

Name

William D Hodges

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

5716 WESTERN WAY

City

LAKE WORTH

FL

Zip Code

33463

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 William D Hodges

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

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
NAME BOWDEN, RAYMOND R
STREET ADDRESS 9719 LANTANA ROAD
CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Delete

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

TITLE MGRM
NAME HODGES, WILLIAM
STREET ADDRESS 9719 LANTANA ROAD
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: **REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)