

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010707

1. Entity Name

PERDIDO VILLAGE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 10:57

Principal Place of Business

14113 PERDIDO KEY DR.
PENSACOLA FL 32507

Mailing Address

14113 PERDIDO KEY DR.
PENSACOLA FL 32507

2. Principal Place of Business

14001 Perdido Key Drive

3. Mailing Address

14001 Perdido Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number

59-3668685

Applied For

Not Applicable

Zip
32507

Country
USA

Zip
32507

Country
USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAGMAN, WILLIAM
14113 PERDIDO KEY DR.
PENSACOLA FL 32507

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.

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

MGRM
P K - I, LLC
14001 Perdido Key Drive
Pensacola, FL 32507

☐ Change

☐ Addition

200004616712--6

09/28/01-01062--019

*****55.00 *****55.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME
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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:

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

Stephen A. Shannon

9/20/01

(334) 979-1200

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)