

2001 UNIFORM BUSINESS REPORT (UBR)

0026153 AF

DOCUMENT # L00000011175

1. Entity Name

EIBB, LLC

FILED

01 APR 27 PM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13501 SW 128TH ST., SUITE 204
MIAMI FL 33186

Mailing Address

13501 SW 128TH ST., SUITE 204
MIAMI FL 33186

2. Principal Place of Business

5706 BENJAMIN CTR DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 100

City & State

TAMPA Florida

City & State

Zip

33634

Country

USA

Zip

Country

4. FEI Number

65-1043197

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATOIN COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DAND WILSON, MANAGING MEMBER ☐ Delete
ERAS JV
13501 S.W. 128th ST #204
MIAMI, Florida 33186

TITLE NAME STREET ADDRESS CITY-ST-ZIP
James Mc Kilop, member ☐ Delete
INDEPENDANT BANKERS BANK OF FLORIDA
615 CRESCENT EXECUTIVE COURT #400
LAKE MARY, Florida 32746

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
8000004194148-7
-05/10/01--01113--019

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
*****50.00 *****50.00

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

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

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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

4-18-2001

CR2E083 (11/00)