

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90082 036 ****50.00

DOCUMENT # L00000011562

1. Entity Name

CAR-SPHERE, LLC



Principal Place of Business

**5401 KIRKMAN ROAD, SUITE 660
ORLANDO FL 32819**

Mailing Address

**5401 KIRKMAN ROAD, SUITE 660
ORLANDO FL 32819**

2. Principal Place of Business

6675 Westwood Blvd.

Suite, Apt. #, etc.

Suite 180

City & State

Orlando, FL

Zip
32821

Country

USA

3. Mailing Address

6675 Westwood Blvd.

Suite, Apt. #, etc.

Suite 180

City & State

Orlando, FL

Zip
32821

Country

USA

20018312



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3671371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOTTIE, MAURICE
5401 KIRKMAN ROAD, SUITE 660
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

6675 Westwood Blvd

Suite 180

City

Orlando

FL

Zip Code

32821

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 **P** ☐ Delete
NAME **MOTTIE, MAURICE**
STREET ADDRESS **5401 KIRKMAN RD., STE 660**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VS** ☐ Delete
NAME **VANDEWEYER, ANNICK**
STREET ADDRESS **5401 KIRKMAN RD., STE 660**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6675 Westwood Blvd Suite 180**
CITY-ST-ZIP **Orlando, FL 32821**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6675 Westwood Blvd Suite 180**
CITY-ST-ZIP **Orlando, FL 32821**

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TITLE ☐ Change ☐ 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 REQUIRED

01-21-03

407-226-8022

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

Date

Daytime Phone #

CR2E083 (10/02)