

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0005526

DOCUMENT # L00000011630

1. Entity Name

ST. CROIX, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 17 AM 9:22

LR
3/20

Principal Place of Business

Mailing Address

24 OLD POST RD.
LONGWOOD FL 32779

24 OLD POST RD.
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

2410 Dodge DR

PO Box 7407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

Country

32118

Volusia

City & State

DAYTONA BEACH SHORES, FL

Zip

Country

32116-7407

Volusia

4. FEI Number 59-3679067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADLEY, RALPH V III
1031 WEST MORSE BLVD., STE. 160
WINTER PARK FL 32789

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. 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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COOK, DOUGLAS M
STREET ADDRESS 24 OLD POST RD.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS 2410 Dodge DR
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300014238853
CITY-ST-ZIP 03/17/03--01023--024 **111.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

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

3-3-03

Date

386

Daytime Phone #

547-5702

CR2E083 (10/02)