

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90117 028 ****50.00

DOCUMENT # L00000011651

1. Entity Name

LAKE AERATION, L.L.C.

Principal Place of Business

Mailing Address

**2811 THISTLE WAY
NAPLES FL 34105****2811 THISTLE WAY
NAPLES FL 34105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3673322**

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**

Name

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

City

FL

Zip Code

**GROSECLOSE, RICHARD F
2811 THISTLE WAY
NAPLES FL 34105**

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 Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRES
GROSECLOSE, RICHARD F
2811 THISTLE WAY
NAPLES FL 34105**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
GRUSECLOSE, KATE
2811 THISTLE WAY
NAPLES FL 34105**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

8-8-02 941-434-0024

CR2E083 (4/02)