

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90051 040 ****50.00

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DOCUMENT # L00000011844

1. Entity Name
AMIGOS REAL ESTATE, L.C.

Principal Place of Business
140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714

Mailing Address
140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714

80102560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
455 S. ORANGE AVE
 Suite, Apt. #, etc. **STE 500**
 City & State **ORLANDO FL**
 Zip **32801** Country **USA**

3. Mailing Address
 Suite, Apt. #, etc. **Same**
 City & State **ORLANDO FL**
 Zip **32801** Country **USA**

4. FEI Number **59-3677964**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HYLTIN, ANDREW A
140 N. WESTMONTE DR., STE. 203
ALTAMONTE SPRINGS FL 32714

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYLTIN, ANDREW A 140 N. WESTMONTE DR., STE. 203 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 S. ORANGE AVE STE 500 ORLANDO FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 # _____

CR2E083 (9/01)