

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90117 016 ****50.00

DOCUMENT # L00000012074 *N/C*

1. Entity Name

TIKI RESORT MOTEL, L.L.C. *changed name to:*
H+C Primordial Innovations LLC

Principal Place of Business

4360 ESTERO BLVD.
FT. MYERS BEACH FL 33931

Mailing Address

4360 ESTERO BLVD.
FT. MYERS BEACH FL 33931

948135

2. Principal Place of Business

3. Mailing Address

PO BOX 366146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

Zip

Country

Zip

Country

34136

USA

4. FEI Number

59-6374268

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

DANIELS, CLAUDIA
4360 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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 *Claudia Daniels, Manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/02
 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 **PMGR** ☒ Delete
 NAME **REINMUTH, HEINRICH**
 STREET ADDRESS **MARIA SYBILLA MERIAN ST. #129**
 CITY-ST-ZIP **MAINE, GERMANY 55122**

TITLE **Vice-President, Manager** ☐ Change ☒ Addition
 NAME **Daniels, Claudia**
 STREET ADDRESS **4360 Estero Blvd.**
 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PMGR** ☒ Change ☐ Addition
 NAME **Reinmuth, Heinrich**
 STREET ADDRESS **4360 Estero Blvd.**
 CITY-ST-ZIP **FT. Myers Beach, FL 33931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Claudia Daniels

2/20/02 941-560-2189

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

Date

Daytime Phone #

CR2E083 (9/01)