

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 003 ****50.00

DOCUMENT # L00000012153**1. Entity Name**
MIAMI FILTER, L.L.C.**Principal Place of Business****4505 PROSPERITY DRIVE**
FT. PIERCE FL 34981**Mailing Address****4505 PROSPERITY DRIVE**
FT. PIERCE FL 34981**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 **APPLIED FOR**

65-1051062

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MULVEY, KEVIN**
4505 PROSPERITY DRIVE
FORT PIERCE FL 34981

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	MGRM PENNINGTON, PAUL 336 WEST COLLEGE AVENUE SANTA ROSA CA 95401	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM MULVEY, KEVIN 4505 PROSPERITY DR. FT. PIERCE FL 34981	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

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

Date

Daytime Phone #

7/2/02 (772) 466-1440

CR2E083 (4/02)