

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012457

1. Entity Name
MLC PROPERTIES, L.L.C.

Principal Place of Business
2033 MAIN ST., STE. 600
SARASOTA FL 34237

Mailing Address
2033 MAIN ST., STE. 600
SARASOTA FL 34237

2. Principal Place of Business

1800 NORTHGATE BLVD

3. Mailing Address

1800 NORTHGATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-8

A-8

City & State

City & State

SARASOTA FL

SARASOTA

Zip

Country

Zip

Country

34234

34234

6. Name and Address of Current Registered Agent

4. FEI Number

APP PER

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

600003623786--9

-02/02/01--01016--008

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Mario Comparetto
1800 Northgate Blvd. #A8
Sarasota, Florida 34234

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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 #

1/10/01 941-359-1800

CR2E083 (11/00)

FILED

01 JAN 29 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE