

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90029 003 ****50.00

DOCUMENT # L00000012516

1. Entity Name
RENAISSANCE REALTY, LLC



Principal Place of Business
**6150 DIAMOND CENTER COURT, BUILDING 1300
FORT MYERS FL 33912**

Mailing Address
**6150 DIAMOND CENTER COURT, BLD # 1300
FORT MYERS FL 33912**

2. Principal Place of Business

9240 MARKETPLACE RD

3. Mailing Address

9240 MARKETPLACE RD

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

FT MYERS

City & State

FT MYERS

Zip

33912

Country

USA

Zip

33912

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1047143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DARRAGH, JEFF
6150 DIAMOND CENTER COURT, BUILDING 1300
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **DARRAGH, JEFF**

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

9240 MARKETPLACE ROAD

SUITE 2

City **FT MYERS**

FL

Zip Code **33912**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WORTHINGTON OF RENAISSANCE, LLC**
STREET ADDRESS **6150 DIAMOND CENTER COURT, BUILDING 1300**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9240 MARKETPLACE RD, SUITE 2**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

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

Date

Daytime Phone #

4/14/03

239-561-4666

CR2E083 (10/02)