

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0042807

DOCUMENT # L00000013172

1. Entity Name  
CYR BUILDING, L.L.C.



FILED  
03 JUN 12 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
625 MAIN STREET, SUITE 20  
WINDERMERE FL 34786

Mailing Address  
625 MAIN STREET, SUITE 20  
WINDERMERE FL 34786

2. Principal Place of Business  
2582 S. Maguire Rd

3. Mailing Address  
2582 S. Maguire Rd

Suite, Apt. #, etc.  
# 381

Suite, Apt. #, etc.  
# 381

City & State  
Ocoee, FL.

City & State  
Ocoee, FL.

4. FEI Number 59-3689109

Applied For  
Not Applicable

Zip 34761 Country US

Zip 34761 Country USA

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

CYR, STEVE  
625 MAIN STREET, SUITE 20  
WINDERMERE FL 34786

Name

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

2582 S. Maguire Rd. # 381

City Ocoee

FL

Zip Code 34761

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]*

Steve Cyr, Mgrm

01/31/03

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

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME CYR BUILDING & DEVELOPMENT, INC.  
STREET ADDRESS 625 MAIN ST., STE 20  
CITY-ST-ZIP WINDERMERE FL 34786 ☒ Delete

TITLE MGRM  
NAME CYR Building & Development, Inc.  
STREET ADDRESS 2582 S. Maguire Rd. # 381  
CITY-ST-ZIP Ocoee, FL 34761 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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]*

01/31/03

407-909-0888

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

Date

Daytime Phone #

CR2E083 (10/02)