

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013710

1. Entity Name

DUNN DEAL OF SOUTHWEST FLORIDA, LLC

Principal Place of Business

230 WINDBROOK COURT
MARCO ISLAND FL 34145

Mailing Address

230 WINDBROOK COURT
MARCO ISLAND FL 34145

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

59-3692199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEEPLS, C.PERRY

8889 PELICAN BAY BLVD., SUITE 300

C/O ANNIS MITCHELL COCKEY

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Melanie Dunnuck

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

230 Windbrook Ct

City

Marco Island

FL

Zip Code

34145

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

M. Dunnuck

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

NO OFFICERS AT THIS TIME

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

~~Scot Dunnuck~~
~~Member~~

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

Member
Scot Dunnuck
230 Windbrook Ct
Marco Island, FL 34145

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

CITY-ST-ZIP

Member
Melanie Dunnuck
230 Windbrook Ct
Marco Island, FL 34145

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

800004374968--0

06/07/01--01012--006

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

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:

M. Dunnuck REQUIRED

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

Date

Daytime Phone #

4-30-01 941-394-5329