2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000014129



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90123 007 ****55.00

LSL OF L	ARGO, FL-ALF, LLC.						0	12120	05 201	25 00	, .		
Principal Plac	ce of Business	Mailing Address											
2150 GOODLE NAPLES FL 34	tte Rd. Ste 600 1102	2150 GOODLETTE RD. S NAPLES FL 34102	STE 600						-			_	
												1111 111 1221	
	Place of Business	3. Mailing Address 3073 + PRSS Suite, Apt. #, etc.	:SHOE	DR.,-	50.					,,			
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City & State		NAPLES	FL			4. FEI Numb	per 5	2-22774	153	^		pplied For ot Applicable	e
zip 3410		34104	Coun	SA		5. Certificate				Fe	5.00 Ad ee Require	ditional ed	
	6. Name and Address of Current I	Registered Agent		Name		7. Name an	d Addre	ss of New	Registe	red Ag	ent		_
	CORPORATION SYSTEM						, -						╝
	0 South Pine Island Road Ntation FL 33324			Street A	Address (P.	O. Box Numb	oer is No	t Acceptat	ble)				_
				City	 			·		FL	Zip Coc	de	_
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing	its registere	l ed office or	r registere	d agent, or bo	oth, in the	e State of I			Lniliar with,	and accept	-
CIONIATURE											,		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (N	IOTE: Registered	d Agent signati	ture required w	when reinstating)			D/	ATE .			
SIGNATURE	Signature, typed or printed name of registered agent a					when reinstating)			D/	ATE			-
SIGNATURE	Signature, typed or printed name of registered agent a	FILE	NOW!!! F	FEE IS \$	50.00				D/	ATE .			_
SIGNATURE	Signature, typed or printed name of registered agent a	FILE Make Check Paya	NOW!!! F	FEE IS \$ orida Dep	50.00 partment			,	D/	ATE			
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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 according 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 of the feet of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE SIGNATURE ADJUPED OF PRINTED NAMEDS SIGNING MANAGING, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE