

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0022359 AF

DOCUMENT # L00000014439

1. Entity Name
5557244, L.L.C.

01 APR 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7162 BENEVA RD.
SARASOTA FL 34238

Mailing Address
7162 BENEVA RD.
SARASOTA FL 34238



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

65-1058184

Applied For

Not Applicable

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

REINICHE, STEPHANIE A ESQ.
18 SECOND ST, STE. 83
SARASOTA FL 34236

Name Marcia L Foote

Street Address (P.O. Box Number is Not Acceptable)
7162 Beneva Rd.

City Sarasota

FL

Zip Code 34238

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 Marcia L Foote

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

(NOTE: Registered Agent signature required when reinstating)

1/31/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Member
NAME Marcia L. Foote
STREET ADDRESS 7162 Beneva Rd.
CITY-ST-ZIP Sarasota, FL 34238 ☐ Delete

TITLE Member
NAME Marcia L. Foote
STREET ADDRESS 7162 Beneva Rd.
CITY-ST-ZIP Sarasota, FL 34238 ☐ Change ☒ Addition

TITLE Member
NAME Dorothy A. Tiberii
STREET ADDRESS 7162 Beneva Rd.
CITY-ST-ZIP Sarasota, FL 34238 ☐ Delete

TITLE Member
NAME Dorothy A. Tiberii
STREET ADDRESS 7162 Beneva Rd.
CITY-ST-ZIP Sarasota, FL 34238 ☐ 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
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

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: Marcia L Foote REQUIRED

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

Date

Daytime Phone #

1/31/01 941.927.8287

CR2E083 (11/00)