

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90083 039 ****50.00

DOCUMENT # L00000014999

1. Entity Name

SIMS INVESTMENTS, LLC



Principal Place of Business

**9964 PUPOLO LN.
BONITA SPRINGS FL 34135**

Mailing Address

**P.O. BOX 188
BONITA SPRINGS FL 34133**

2. Principal Place of Business

9949 Puopolo Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 188
Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

USA

Zip

34133

Country

USA

4. FEI Number **59-3688604**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMS, STEVE R
9964 PUPOLO LN.
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **Steve R Sims**

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

9949 Puopolo Lane

City **Bonita Springs**

FL

Zip Code **34135**

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 **Steve R Sims**

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

(NOTE: Registered Agent signature required when reinstating)

2/20/03
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 **P** ☐ Delete
NAME **SIMS, STEVEN R**
STREET ADDRESS **9964 PUPOLO LN.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

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

2/20/03 239-512-2339

Date

Daytime Phone #

CR2E083 (10/02)