

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90053 030 ****55.00

DOCUMENT # L00000015049

1. Entity Name
MACHADO & ASSOCIATES, L.C.



Principal Place of Business

**28489 HIDDEN LAKE DR.
BONITA SPRINGS FL 34134**

Mailing Address

**28489 HIDDEN LAKE DR.
BONITA SPRINGS FL 34134**

20019718



2. Principal Place of Business

9847 El Greco Circle

Suite, Apt. #, etc.

3. Mailing Address

9847 El Greco Circle

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Bonita Springs FL

Zip
34135

Country
USA

City & State

Bonita Springs FL

Zip
34135

Country
USA

4. FEI Number **54-1869292**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACHADO, JOHN G
28489 HIDDEN LAKE DR.
BONITA SPRINGS FL 34134**

Name

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

9847 El Greco Circle

City

Bonita Springs

FL

Zip Code

34135

7. Name and Address of New Registered Agent

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 **JOHN G. MACHADO**

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

John G. Machado

(NOTE: Registered Agent signature required when reinstating)

1/21/03

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 **MGR** ☐ Delete
NAME **MACHADO, JOHN**
STREET ADDRESS **28489 HIDDEN LAKE DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **MACHADO, JOHN**
STREET ADDRESS **9847 El Greco Circle**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☐ Addition
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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:

JOHN G. MACHADO

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

1/21/03

Date

239-273-6725

Daytime Phone #

CR2E083 (10/02)