

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90013 043 ****50.00

DOCUMENT # L00000015135

1. Entity Name

SUNSHINE PRACTICE CONSULTANTS LLC ✓

Principal Place of Business

**14026 IMAGE LAKE COURT
FORT MYERS FL 33907**

Mailing Address

**14026 IMAGE LAKE COURT
FORT MYERS FL 33907**

2. Principal Place of Business

5307 Summerlin Rd

Suite, Apt. #, etc.

#4

City & State

Ft Myers FL

Zip

33919

Country

Lee

3. Mailing Address

5307 Summerlin Rd

Suite, Apt. #, etc.

#4

City & State

Ft Myers FL

Zip

33919

Country

Lee



DO NOT WRITE IN THIS SPACE

046537

4. FEI Number

65-1069683

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

Name

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

City

FL

Zip Code

SENNE, SCOTT C

**14026 IMAGE LAKE COURT 5307 Summerlin Rd #4
FORT MYERS FL 33907 Fort Myers, FL 33919**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
SENNE, SCOTT C
14026 IMAGE LAKE COURT 5307 Summerlin Rd #4
FORT MYERS FL 33907 33919**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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: Scott C Senne SIGNATURE REQUIRED

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

4-8-02 239-454-9872

Date

Daytime Phone #

CP2E083 (9/01)