

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015647

1. Entity Name

AGH INVESTMENTS, LLC

FILED

01 FEB 28 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1701 GULF STAR DR. S, #102
NAPLES FL 34112

2. Principal Place of Business

1701 GULF STAR DR. S #102

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

4. FEL Number

59-3691570

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REBECCA D. ANDREWS
1701 GULF STAR DR. S. #102
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REBECCA D. ANDREWS

2/12/01

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE REBECCA D. ANDREWS MGRM ☐ Delete
NAME
STREET ADDRESS 1701 GULF STAR DR S #102
CITY-ST-ZIP NAPLES, FL 34112

TITLE BLAKE GABLE MGRM ☐ Delete
NAME
STREET ADDRESS 2400 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES, FL 34105

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10.

ADDITIONS/CHANGES

☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

REBECCA D. ANDREWS

Date

2/12/01 941-417-9500

Daytime Phone #

CR2E083 (11/00)