## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000015871

1. Entity Name

SHORELINE PROPERTIES LLC



**FILED** Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90003 032 \*\*\*\*50.00

OHOHELINE THOS ESTILLO, E.E.O.					1 1 1 1 1					
Principal Place of Business 858 NINTH AVENUE SOUTH NAPLES FL 34102		Mailing Address 858 NINTH AVENUE SOUTH NAPLES FL 34102								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Nun	nber <b>65-10701</b>	74	<del></del>	pplied For lot Applicable
Zip	Country	Zip Cour		ntry		5. Certificate of Status Desired   \$5.00 Addition Fee Required			Iditional	
	6. Name and Address of Current	Registered Agent				7. Name a	nd Address of New	Registered A	gent	
CHORLTON, DEREK				Name	, <del></del> .		مهولول يحدد	entreman i i i i i i i i i i i i i i i i i i i	<u></u> .	
858	NINTH AVENUE SOUTH LES FL 34102				ddress (P	P.O. Box Num	nber is Not Acceptab	ole)		
				City		_		FL	Zip Coc	de
8. The above the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing I	ts registere	Led office or	registere	ed agent, or b	ooth, in the State of F		amiliar with,	and accept
SIGNATURE .										ł
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					ure required w	when reinstating)		DATE		<del></del> }
				FEE IS \$						
.*		Make Check Paya				t of State				
<del></del> _			ue By Ma	ay 1, 200	3		[ 			
9.	MANAGING MEMBE		10.				ADDITIONS	S/CHANGES		
TITLE NAME	CHORLTON, DEREK S	☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	858 9TH AVE S			ET ADDRESS						
CITY-ST-ZIP	NAPLES FL 34102		CITY-	-ST-ZIP						·
TITLE	TS	☐ Delete	TITLE						☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP	858 9TH AVE S NAPLES FL 34102			et address St-Zip						
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CITY-ST-ZIP			4	T ADDRESS ST-ZIP	` .					
			GIT1	01-5H	*					

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 BERRIED NAME OF SIGNING MANAGING MEMBER, MANAGER

239-213-0202