

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90039 042 \*\*\*\*50.00

**DOCUMENT # L00000015884**

1. Entity Name

**DEPENDABLE REAL ESTATE SERVICES, LLC**

Principal Place of Business

6220 S. ORANGE BLOSSOM TRAIL #173  
ORLANDO FL 32809

Mailing Address

6220 S. ORANGE BLOSSOM TRAIL #173  
ORLANDO FL 32809

2. Principal Place of Business

6220 S. Orange Blossom Trail

Suite, Apt. #, etc.

167

City & State

Orlando, Florida

Zip

32809

Country

Orange

3. Mailing Address

6220 S. Orange Blossom Trail

Suite, Apt. #, etc.

167

City & State

Orlando, Florida

Zip

32809

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3687873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUELLE, ALFONSO  
10100 CANOPY TREE CT.  
ORLANDO FL 32836

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

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

TITLE **P** ☐ Delete  
NAME **MUELLE, ALFONSO**  
STREET ADDRESS **10100 CANOPY CT.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
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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CITY-ST-ZIP

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CITY-ST-ZIP

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:

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

4/18/02

(407) 240-4478

Date

Daytime Phone #

0028252

CR2E083 (9/01)