

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015918

1. Entity Name

ASSOCIATION SPECIALISTS, L.L.C.

Principal Place of Business

Mailing Address

FILED

01 OCT 11 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

608 SE 46th LANE

3. Mailing Address

608 SE 46th LANE

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

Suite #5

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

Zip

33904

Country

Lee

Zip

33904

Country

Lee

4. FEI Number

65-1072428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

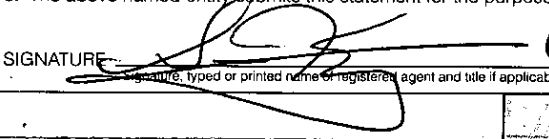
6. Name and Address of Current Registered Agent

Harry J. Quay, Jr.
3741 S.E. Santa Barbara Place
Cape Coral, Florida 33904

7. Name and Address of New Registered Agent

Name Samuel J. Hagan, IV, Esq.
Street Address (P.O. Box Number is Not Acceptable)
2320 First Street
City Fort Myers FL Zip Code 33901

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  (Samuel J. Hagan, IV, Registered Agent) 5/1/01

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

600004638196--2

-10/16/01--01030--016

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:



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

Date

Daytime Phone #

8/16/01

941-823-2155

CR2E083 (11/00)