

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90005 050 ****50.00

DOCUMENT # L01000000196

1. Entity Name

FLORIDA JUICE SOLUTIONS, LLC



Principal Place of Business

**660 BEACHLAND BOULEVARD
STE 201
VERO BEACH FL 32963**

Mailing Address

**660 BEACHLAND BOULEVARD
STE 201
VERO BEACH FL 32963**

2. Principal Place of Business

2627 S. JENKINS ROAD
Suite, Apt. #, etc.

3. Mailing Address

2627 S. JENKINS ROAD
Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

FORT PIERCE, FL

4. FEI Number

65-7088132

Applied For

Not Applicable

Zip

34981

Country

SAINT LUCIE

Zip

34981

Country

SAINT LUCIE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, GEORGE G JR.
660 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HURLEY, THOMAS W**
CITY-ST-ZIP **660 BEACHLAND BOULEVARD
VERO BEACH FL 32963**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Thomas W Hurley* THOMAS W HURLEY

02-13-03

(772) 595-3112

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

Date

Daytime Phone #

CR2E083 (10/02)