

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90004 005 ****50.00

DOCUMENT # L01000001934

1. Entity Name
PETRO REALTY FLORIDA, L.L.C.



Principal Place of Business
**26880 WEDGEWOOD DRIVE, #306
BONITA SPRINGS FL 34134**

Mailing Address
**26880 WEDGEWOOD DRIVE, #306
BONITA SPRINGS FL 34134**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
25650 STREAMLET CT.
Suite, Apt. #, etc.

3. Mailing Address
25650 STREAMLET CT.
Suite, Apt. #, etc.

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

City & State
BONITA SPRINGS, FL
Zip
34135
Country
USA

4. FEI Number **37-6136821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNAUGHTON, RALPH H
26880 WEDGEWOOD DRIVE, #306
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

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

25650 STREAMLET CT

BONITA SPRINGS

FL

Zip Code
34135

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

TITLE
MGR
NAME
MCNAUGHTON, RALPH H
STREET ADDRESS
26880 WEDGEWOOD DRIVE, #306
CITY-ST-ZIP
BONITA SPRINGS FL 34134

☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**25650 STREAMLET CT.
BONITA SPRINGS, FL 34135**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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: **Ralph H. McNaughton**

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

3/28/03 (239) 947-5013

Date Daytime Phone #

CR2E083 (10/02)