

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT

DOCUMENT # 00100000173

1. Entity Name
DUNE POINT DEVELOPMENT CO., LLC.

REINSTATEMENT 2003



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -9 PM 12:27

Principal Place of Business
6206 S. ATLANTIC AVE
NEW SMYRNA BEACH FL 32169

Mailing Address
6206 S. ATLANTIC AVE
NEW SMYRNA BEACH FL 32169



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
THORNHILL, CLAUDE
6206 S. ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

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

SIGNATURE *x Claude Thornhill* DATE *10/3/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THORNHILL, CLAUDE 6206 S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023674472 10/03/03--01070--022 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOGGS, CHARLES B JR 6206 S. ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: *x [Signature]* **SIGNATURE REQUIRED** DATE *10/3/03* 386-451-6685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #