

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90047 023 ****50.00

DOCUMENT # **L01000002544**

1. Entity Name

5463 SIXTH AVENUE, LLC ✓

DO NOT WRITE IN THIS SPACE

977126

2. Principal Place of Business

1823 SW 46TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1823 SW 46TH TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-1078207

Applied For

Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID MEIER

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

1823 SW 46TH TERRACE

City

CAPE CORAL

FL

Zip Code

33914

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IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
DAVID MEIER
1823 SW 46TH TERRACE
CAPE CORAL, FL 33914**

TITLE
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IN THIS SPACE**

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: **David Meier**

DAVID MEIER

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

8/19/02

Date

239-945-4856

Daytime Phone #