

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000002733**

1. Entity Name

**MOUNT PLEASANT INVESTMENTS, LLC**



**FILED**  
**Aug 05, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90041 041 \*\*\*\*50.00

08-05-2003 90028 025 \*\*\*\*50.00

Principal Place of Business

Mailing Address

**C/O HARLESTON R. WOOD  
275 HAMPTON LANE  
KEY BISCAINE FL 33149**

**C/O HARLESTON R. WOOD  
275 HAMPTON LANE  
KEY BISCAINE FL 33149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**

**62-1846197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, HARLESTON R  
275 HAMPTON LANE  
KEY BISCAINE FL 33149**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WOOD, HARLESTON R  
275 HAMPTON LANE  
KEY BISCAINE FL 33149** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

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

Date

Daytime Phone #

**7/24/03 305-361-7094**

CR2E083 (4/03)

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Attachment  
90149058

1/29/2003-90041-041-\$50.00-\$50.00

DOCUMENT # L01000002733

1. Entity Name

MOUNT PLEASANT INVESTMENTS, LLC



Principal Place of Business

Mailing Address

C/O HARLESTON R. WOOD  
275 HAMPTON LANE  
KEY BISCAYNE FL 33149

C/O HARLESTON R. WOOD  
275 HAMPTON LANE  
KEY BISCAYNE FL 33149

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Suite, Apt. #, etc.

City & State

City & State

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Not Applicable

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

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KEY BISCAYNE FL 33149

Name

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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  
NAME  
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275 HAMPTON LANE  
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SIGNATURE:

*Harleston R. Wood*  
HARLESTON R. WOOD

1/23/03

305-372-5298

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

Date

Daytime Phone #

CR2E083 (10/02)