2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100002807

1. Entity Name

DESALVO PROPERTIES LLC

ı	OF WE 19

FILED Apr 08, 2003 8:00 am Secretary of State

04-08-2003 90024 028 ****50.00

					No.	,						
Principal Place	e of Busines:	s	Mailing Address	Mailing Address								
			2855 OCEAN DR. FERNANDINA BEACH FL.:									
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2. Principal Pl	and of Rusin	2000	3. Mailing Address			_						
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 59-3711426 Applied For						
ony a diale			Only di Glade			4. 12.14011	35 37 11420			ot Applicable		
Zip Country			Zip	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Add			
	6:- Name	and Address of Current	Registered Agent	stered Agent			-7:-Name and Address of New Registered Agent					
חרדה						Name						
	ers, robe Ocean D			Street Address (P.O. Box Number is Not Acceptable)					
		BEACH FL 32034						···				
							<u> </u>					
3					City	•		FL	Zip Code	е		
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00												
			Make Check Payal			ent of State						
			1		ay 1, 2003					1		
9.	MANAGING MEMBERS/MANAGERS 1					·	ADDITIONS/CH	HANGES				
TITLE	MGRM		☐ Delete	TITL					☐ Change	☐ Addition		
NAME STREET ADDRESS	PETERS,			NAM	. 1					1		
CITY-ST-ZIP	2855 OCEAN RD FERNANDINA BEACH FL 32034				ET ADDRESS -ST-ZIP							
TITLE	MGRM	711 0E 1011 1 E 02001	Delete	TITL					Change	☐ Addition		
NAME	PETERS,			NAM	E							
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STREET ADDRESS CITY-ST-ZIP					et address - St-Zip							
	ertify that the	information supplied with	this filing does not qualify for			ection 119.07/	3Vi) Florida Statutes 15	rther certi	fy that the is	oformation		

11. Thereby 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 it 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.

CICNIATUDE.

RE: SUNCESTA - IN SUPERIOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRES

1/10/03

Daytime Phone #