

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90201 002 ****50.00

DOCUMENT # **LD10000003293** ✓

1. Entity Name

Mount Sneffels Development, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

254 Ridge Drive

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

Zip
34108

Country

Zip

Country

4. FEI Number

91-2120986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Barrie Fitz-Gerald

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

254 Ridge Drive

City

Naples,

FL

Zip Code
34108

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
Barrie C. Fitz-Gerald
254 Ridge Drive
Naples, FL 34108

TITLE
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CITY - ST - ZIP

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**DO NOT WRITE
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: **Barrie C. Fitz-Gerald**

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

Barrie C. Fitz-Gerald 5-28-02

Date

Daytime Phone #

CR2E083B (12/01)