

8/11/2002-90170-0

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-11-2002 90170 012 ****50.00

DOCUMENT # L01000004106

1. Entity Name

MENENDEZ ENTERPRISES, LLC

Principal Place of Business

520 KEY ROYALE DRIVE
HOLMES BEACH FL 34217

Mailing Address

520 KEY ROYALE DRIVE
HOLMES BEACH FL 34217

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

☒ Not Applicable5. 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

HECKER, SUSAN BARRETT
200 S. ORANGE AVE.
SARASOTA FL 34238

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPMara Menendez
520 Key Royale Dr
Holmes Beach, FL 34217
(no manager)☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Name

☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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

8-8-02

941-778-3815

Date

Daytime Phone #

CR2E083 (4/02)



Attachment

870596

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

L01000004106

August 13, 2002

(no managers)

MENENDEZ ENTERPRISES, LLC
520 KEY ROYALE DRIVE
HOLMES BEACH, FL 34217

Subject: **MENENDEZ ENTERPRISES, LLC**

Reference Number: L01000004106

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

8-27-02

Enclosed as directed

/jn
ANNUAL REPORTS SECTION

*Mary Menendez Trustee member
520 Key Royale Dr
Holmes Beach, FL 34217*

(no managers)

Mary Menendez

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314