

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90388 005 ****55.00

DOCUMENT # L01000005102

1. Entity Name

InnSparations, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6123 E. Daly Lane

Suite, Apt. #, etc.

3. Mailing Address

6123 E. Daly Lane

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Inverness, FL

City & State

Inverness, FL

4. FEI Number

58-2615046

Applied For

Not Applicable

Zip

34452

Country

USA

Zip

34452

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Laurie Kozbelt

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

6123 E. Daly Lane

City

Inverness

FL

Zip Code

34452

**DO NOT WRITE
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

Laurie Kozbelt

MANAGING MEMBER / VP & TREASURER

4/28/02

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

MGRM

NAME

Amy L. Grabowski

STREET ADDRESS

6123 E. Daly Lane

CITY - ST - ZIP

Inverness, FL 34452

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

MGRM

NAME

Laurie Kozbelt

STREET ADDRESS

6123 E. Daly Lane

CITY - ST - ZIP

Inverness, FL 34452

TITLE

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CITY - ST - ZIP

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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:

Laurie Kozbelt

LAURIE KOZBELT

4/28/02

(352) 344-3182

Signature typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083B (12/01)