

2/5/02

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000005277**

1. Entity Name

**D.M. SAUERWINE, L.L.C.****FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90057 050 \*\*\*150.00

Principal Place of Business

**9143 BALMORAL MEWS SQUARE  
WINDERMERE FL 34786**

Mailing Address

**9143 BALMORAL MEWS SQUARE  
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3726819**

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

Name

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

City

**FL**

Zip Code

**SAUERWINE, DEBORAH M  
9143 BALMORAL MEWS SQUARE  
WINDERMERE FL 34786**

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

*Deborah M. Sauerwine* **Deborah M. Sauerwine, President**

DATE

**1/24/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete**MGR  
SAUERWINE, DEBORAH M  
9143 BALMORAL MEWS SQUARE  
WINDERMERE FL 34786**TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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:

*Deborah M. Sauerwine* **Deborah M. Sauerwine, President**

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

Date

Daytime Phone #

**(407) 298-3909**

CR2E083 (9/01)