

2002 UNIFORM BUSINESS REPORT (UBR)

09-11-2002 90061033 ****50.00
L01000005996

DOCUMENT # L01000005996

1. Entity Name
POTTSMTTH, L.L.C.

FILED
02 DEC -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

979118

Principal Place of Business

4115 BAY HEAD DR. #104
BONITA SPRINGS FL 34134

Mailing Address

4115 BAY HEAD DR. #104
BONITA SPRINGS FL 34134

2. Principal Place of Business

4115 Bayhead Dr.
Suite, Apt. #, etc.
104

3. Mailing Address

SAME

City & State

Bonita Springs, FL
Zip 34134 Country USA

City & State

Zip

Country

4. FEI Number

65-1102445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Sally E. Pott
Street Address (P.O. Box Number is Not Acceptable)
4115 Bayhead Dr.
104
City Bonita Springs FL Zip Code 34134

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 Sally E. Pott

(NOTE: Registered Agent signature required when reinstating)

9-2-02
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER/SEC.	SALLY E. POTT	4115 BAYHEAD DR. #104	BONITA SPRINGS, FL 34134	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 REQUIRED

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

9-2-02

Date

239-390-0232
Daytime Phone #

CR2E083 (4/02)