

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90047 027 ****50.00

DOCUMENT # L01000006058

1. Entity Name

SPRING ESTATES SOUTH LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1605 GULF WAY, UNIT 3

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT 3

Suite, Apt. #, etc.

City & State

St. Pete Beach

City & State

Zip

33706

Country

FLA.

Zip

Country

4. FEI Number

13-6145071

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

GERALD A. GLASSEY

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

1605 GULF WAY, UNIT 3

City

St PETE BEACH

FL

Zip Code

33706

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 title, if applicable.

2-19-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	GERALD A. GLASSEY	1605 GULF WAY, UNIT 3	ST. PETE BEACH, FLA. 33706
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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

2-19-03 727 367 6777

Date

Daytime Phone #