

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-15-2002 90054 019 ***150.00

DOCUMENT # L01000007071

1. Entity Name

CAPITAL RESOURCE GROUP OF CONNECTICUT, LLC

Principal Place of Business

**2352 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

Mailing Address

**2352 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNOR, DENISE
 2352 SPRINGS LANDING BLVD.
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**President
 James J O'Connor
 2352 Springs Landing Blvd
 Longwood FL 32779**

TITLE ☐ Delete

**V President
 Denise M O'Connor
 2352 Springs Landing Blvd
 Longwood FL 32779**

TITLE ☐ Delete

**Connecticut Representative
 Kelly J Daly
 231 Farmington Ave
 Farmington CT 06032**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP**

TITLE ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

**TITLE
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 STREET ADDRESS
 CITY - ST - ZIP**

TITLE ☐ Change ☐ Addition

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**TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP**

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

Date

Daytime Phone #

**04/30/02 4078627722
 04/30/02 4078627722**

CR2E083 (9/01)