

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90002 046 ****50.00

DOCUMENT # L01000007097

1. Entity Name

EUAMFU, LLC



Principal Place of Business

**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135
FL**

Mailing Address

**28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135
FL**

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

58-3734686

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

~~EURO-AMERICAN FINANCIAL SERVICES, INC.
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD.
City **BONITA SPRINGS** **FL** Zip Code **34135**

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.

FRIEDRICH SCHMIDT, MGR

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **AMBRURN, JAMES W**
STREET ADDRESS ~~28000 SPANISH WELLS BLVD~~
CITY-ST-ZIP ~~BONITA SPRINGS FL 34135~~

TITLE **MGR** ☐ Change ☒ Addition
NAME **ROBERT CARLETON**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ROBERT CARLETON

2/26/03

239-992-3355

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

Date

Daytime Phone #

0039517

CR2E083 (10/02)