2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03246900335
8/29/2003-90049-001-$50.00-$50.00

FILED
2003 OCT -3 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000007774

1. Entity Name
MOLLE'S LANDINGS, LLC

Principal Place of Business	Mailing Address
NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304 6D	NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304 6D

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
209 N. Ft Lauderdale Bch Blvd	209 N. Ft. Lauderdale Bch Blvd
Suite, Apt. #, etc. # 6D	Suite, Apt. #, etc. # 6D
City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
Zip 33304 / Country Broward	Zip 33304 / Country Broward

4. FEI Number 65-1110181 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLESON, CRAIG
NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV
FT. LAUDERDALE FL 33304
6D

7. Name and Address of New Registered Agent

Name: Molleson, Craig
Street Address (P.O. Box Number Is Not Acceptable): 209 N. Ft Lauderdale Bch Blvd #6D
City: Ft. Lauderdale FL Zip Code 33304

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 (NOTE: Registered Agent signature required when reinstating) DATE

$0.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member MOLLESON, KENNETH C NO. 9J 209 NORTH, FT. LAUDERDALE BEACH BLV FT. LAUDERDALE FL 33304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Managing Member~~ Molleson, Kenneth C. 209 N. Ft. Lauderdale Bch Blvd #6D Ft. Lauderdale, Florida 33304 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: [signature] REQUIRED 8/26/03 678-357-4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/03)