

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90164 017 ****50.00

DOCUMENT # L01000007932

1. Entity Name

SEA DUNES, LLC

Principal Place of Business

**5485 SOUTH A1A
 MELBOURNE BEACH FL 32951**

Mailing Address

**5485 SOUTH A1A
 MELBOURNE BEACH FL 32951**

2. Principal Place of Business

5485 SOUTH A1A

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE BEACH

City & State

Zip **FL 32951**

Country **U.S.A.**

Zip

Country

4. FEI Number

59-3719474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

A.A. RICHARDS

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

5485 SOUTH A1A

City

MELBOURNE BEACH

FL

Zip Code

32951

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

A.A. RICHARDS

(NOTE: Registered Agent signature required when reinstating)

4/15/2002

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **RICHARDS, ANDREW A**
 STREET ADDRESS **5485 SOUTH A1A**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **MGR** ☐ Delete
 NAME **RICHARDS, MARY R**
 STREET ADDRESS **5485 SOUTH A1A**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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]

A.A. RICHARDS

4/15/2002

321 432 7717

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

Date

Daytime Phone #

CP2E083 (9/01)