

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007987

1. Entity Name

SUNSET MOLD ACQUISITION, LLC

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90370 031 ****50.00

Principal Place of Business

Mailing Address

615 BACK NINE DRIVE
VENICE FL 34292

615 BACK NINE DRIVE
VENICE FL 34292

970269

2. Principal Place of Business

727 COMMERCE DR

3. Mailing Address

727 COMMERCE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

Zip

34292

Country

USA

Zip

34292

Country

USA

4. FEI Number

65-1104932

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PULLEGA, THERESA
615 BACK NINE DRIVE
VENICE FL 34292

7. Name and Address of New Registered Agent

Name

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

409 PEBBLE CREEK CT

City

VENICE

FL

Zip Code

34292

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME PULLEGA, THERESA
STREET ADDRESS 615 BACK NINE DRIVE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME 409 PEBBLE CREEK CT
STREET ADDRESS VENICE, FL 34292 ☒ Change ☐ Addition

TITLE MGR
NAME SELLIN, STEVEN
STREET ADDRESS 615 BACK NINE DRIVE
CITY-ST-ZIP VENICE FL 34292 ☐ Delete

TITLE
NAME 409 PEBBLE CREEK CT
STREET ADDRESS VENICE, FL 34292 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

7/8/02

Daytime Phone #

CR2E083 (4/02)