

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-22-2002 90005 006 ****50.00

DOCUMENT # L01000008268

1. Entity Name

SS ROYAL PALM, L.L.C.

Principal Place of Business

Mailing Address

12734 KENWOOD LANE
 SUITE 80
 FT. MYERS FL 33907

12734 KENWOOD LANE
 SUITE 80
 FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

1400 Colonial Blvd

Suite, Apt. #, etc.

Suite 57

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip

33907

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1106608

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

WINER, STEVEN I ESQ.
2320 FIRST STREET
SUITE 1000
FORT MYERS FL 33901

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 reinstating)

DATE

1/11/02**FILE NOW!!! FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Delete
 NAME **Charlotte Fennell**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **Member** ☐ Change ☒ Addition
 NAME **Charlotte Fennell**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **Managing Member** ☐ Delete
 NAME **Kathy Harshman**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **Member** ☐ Change ☒ Addition
 NAME **Kathy Harshman**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **Managing Member** ☐ Delete
 NAME **Suzanne Grady**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **Member** ☐ Change ☒ Addition
 NAME **Suzanne Grady**
 STREET ADDRESS **1400 Colonial Blvd #57**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 REQUIRED**1/14/02****941-277-5100**

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

Date

Daytime Phone #

CR2E083 (9/01)