

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008452

1. Entity Name
BRHO 83, LLC

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 015 ****55.00

Principal Place of Business

Mailing Address

1030 DELACROIX CIRCLE
NOKOMIS FL 34275

1030 DELACROIX CIRCLE
NOKOMIS FL 34275

2. Principal Place of Business

3. Mailing Address

240 RICH STREET

240 RICH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE - FL

VENICE - FL

4. FEI Number

65-1107502

Applied For

Not Applicable

Zip

Country

Zip

Country

34292

USA

34292

USA

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

ITEM, IIDEBRANDO
1030 DELACROIX CIRCLE
NOKOMIS FL 34275

Name

ITEM IIDEBRANDO

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

240 RICH STREET

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.

ITEM IIDEBRANDO

(NOTE: Registered Agent signature required when reinstating)

9-4-02

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 ~~MEMBER~~ MANAGING MEMBER ☐ Delete
NAME IIDEBRANDO ITEM
STREET ADDRESS 240 RICH STREET
CITY-ST-ZIP VENICE - FL - 34292

☐ Change ☐ Addition

TITLE MANAGING MEMBER ☐ Delete
NAME MOLLY ITEM
STREET ADDRESS 240 RICH STREET
CITY-ST-ZIP VENICE - FL - 34292

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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

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

Date

Daytime Phone #

9-4-02

941-485-8320

CR2E083 (4/02)