

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90387 042 ****50.00

DOCUMENT # L01000008700

1. Entity Name

7185 MURRELL ROAD BUILDING, L.L.C.

Principal Place of Business

8247 DEVEREUX DR., STE 102
 VIERA FL 32940

Mailing Address

8247 DEVEREUX DR., STE 102
 VIERA FL 32940

2. Principal Place of Business

7185 Murrell Rd

Suite, Apt. #, etc.

102

City & State

Viera FL

Zip

32940

Country

USA

3. Mailing Address

7185 Murrell Rd

Suite, Apt. #, etc.

102

City & State

Viera FL

Zip

32940

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0038827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, PRISCILLA E
 600 EAST STRAWBRIDGE AVE
 STE 200
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE: Pres.
 NAME: Scott Reader
 STREET ADDRESS: 7185 Murrell Rd Suite 102
 CITY-ST-ZIP: Viera, FL 32940 ☐ Delete

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Scott M Reader

4/24/02

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

Date

Daytime Phone #

CR2E083 (9/01)