

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90105 049 ****50.00

DOCUMENT # L01000009150

1. Entity Name
OVERTOWN RENAISSANCE PROPERTIES, LLC



Principal Place of Business
**C/O BERTHA NEELY
1346 NW 95TH STREET, APT. 221-W
MIAMI FL 33147**

Mailing Address
**C/O BERTHA NEELY
1346 NW 95TH STREET, APT. 221-W
MIAMI FL 33147**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1127539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADMIRE, ROBERT O
SULLIVAN, ADMIRE AND SULLIVAN, P.A.
2611 PONCE DE LEON BLVD., STE. 320
CORAL GABLES FL 33134**

Name **NEELY, BERTHA**

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

1346 NW 95th ST. APT. 221-W

City **MIAMI**

FL

Zip Code **33147**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WALKER, SANDY**
STREET ADDRESS **1346 NW 95TH STREET, APT. 221-W**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **MGR** ☐ Delete
NAME **NEELY, BERTHA**
STREET ADDRESS **1346 NW 95TH STREET, APT. 221-W**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Bertha H. Neely

BERTHA NEELY

4/23/03

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

Date

Daytime Phone #

CR2E083 (10/02)