

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90117 035 ****50.00

DOCUMENT # L01000009272

1. Entity Name

COMPASS EAST LLC

Principal Place of Business

18716 EAST COLONIAL DRIVE
ORLANDO FL 32820

Mailing Address

18716 EAST COLONIAL DRIVE
ORLANDO FL 32820

948112

2. Principal Place of Business

CARRIGAN REALTY
Suite, Apt. #, etc.

3. Mailing Address

18716 E. COLONIAL DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

City & State

FL

4. FEI Number

59-3727688

Applied For

Not Applicable

Zip

32820

Country

USA

Zip

32820

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE.
SUITE 201
ORLANDO FL 32802

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING DIRECTOR
DANA MCFADDEN
18716 E COLONIAL DR
ORLANDO, FL 32820

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DEPUTY DIRECTOR
R.E. CARRIGAN, JR
18716 E. COLONIAL DR
ORLANDO, FL 32820

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

DANA MCFADDEN

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

Date

Daytime Phone #

4-19-02 407-568-2145

CR2E083 (9/01)