

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90009 011 ****50.00

DOCUMENT # L01000009509

1. Entity Name
ANGLER ASSOCIATES, LLC

Principal Place of Business
**18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

Mailing Address
**18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

2. Principal Place of Business
P.O. Box 443
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 443
 Suite, Apt. #, etc.

City & State
BOCA GRANDE, FL
 Zip
33921
 Country
USA

City & State
BOCA GRANDE FL.
 Zip
33921
 Country
USA

4. FEI Number
65-1120382
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

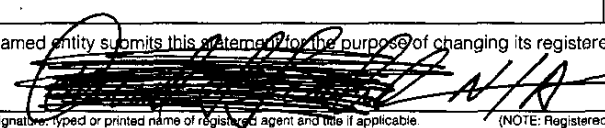
6. Name and Address of Current Registered Agent

**WHIGHAM, DAVID L ESQ.
 18401 MURDOCK CIRCLE
 PORT CHARLOTTE FL 33948**

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  N/A
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	MSRM DAVID S. LINDENBAUM P.O. Box 443 BOCA GRANDE, FL. 33921	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-19-02 941-964-5788

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CR2E083 (9/01)