2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010077

1. Entity Name

HIGHLAND LAKES SQUARE LLC



FILED Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90003 024 ****50.00

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Principal Place of Business 8720 THORNWOOD LANE TAMPA FL 33615		Mailing Address 8720 THORNWOOD LANE TAMPA FL 33615	8720 THORNWOOD LANE					
2. Principal P	Place of Business	3. Mailing Address			_			
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Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Nüm	ber 59-3731094	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Zip Country		5. Certifica	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				
RELIN, DAVID S				Name				
8720 THORNWOOD LANE TAMPA FL 33615				Street Address (P.O. Box Number is Not Acceptable)				
				City		·FL	Zip Coo	ie
8. The above the obligat	named entity submits this stations of registered agent.	atement for the purpose of changing its	s registered	d office or registe	ered agent, or b	ooth, in the State of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of reg	istered agent and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)	DATE		
-		FILE N	OW!!! F	EE IS \$50.00				
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9.	MANAGIN	L G MEMBERS/MANAGERS	10.	·		ADDITIONS/CHANGES	_/	
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NAME	HEGN, DAVID		NAME				_ `	_
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I hereby certify that the information supplied with his 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 justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE