

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90002 031 ****50.00

DOCUMENT # L01000010235

1. Entity Name

CATALINA COURT, L.L.C.



Principal Place of Business

**856 PARK LAKE CT.
ORLANDO FL 32803
US**

Mailing Address

**856 PARK LAKE CT.
ORLANDO FL 32803
US**

2. Principal Place of Business

2795 L.B. McLEOD RD.

3. Mailing Address

2795 L.B. McLEOD RD.

Suite, Apt. #, etc.

OFFICE

Suite, Apt. #, etc.

OFFICE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLA.

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3728003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVALLARO, LARRY

**856 PARK LAKE CT.
ORLANDO FL 32803**

SAME AS ABOVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LARRY A. CAVALLARO

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **CAVALLARO, LARRY A**
CITY-ST-ZIP **856 PARK LAKE CT. SAME AS ABOVE**
ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

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

LARRY A. CAVALLARO

Date

2/3/03

Daytime Phone #

407-648-1818

CR2E083 (10/02)