

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000010876**

1. Entity Name

ANDYCAP INVESTMENTS, LLC

Principal Place of Business

**2201 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

Mailing Address

**2201 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-1119925

Applied For

Not Applicable

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

**ANDERSON, PENNY L
2201 MAPLEWOOD DRIVE
WEST PALM BEACH FL 33415**

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	<input type="checkbox"/> Delete
	MGRM			
	KISIELEWSKI, TERRIE L	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

	MGRM			
	ANDERSON, PENNY L	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

	MGRM			
	ANDERSON, DAVID L	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

	MGRM			
	ANDERSON, STEVEN W	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

	MGRM			
	ANDERSON, DANIEL H	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

	MGRM			
	KAVANAGH, NANCY A	2201 MAPLEWOOD DRIVE	WEST PALM BEACH FL 33415	

10. ADDITIONS/CHANGES

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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-13-2002 90018 009 ****50.00

22441



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)