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

## DOCUMENT # L01000012951

1. Entity Name

MU-LBS, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NA



## **FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90013 046 \*\*\*\*50.00

Daytime Phone #

			- SWE					
Principal Plac	ce of Business	Mailing Address				_		
32850 LAKESHORE DR		32850 LAKESHORE DR	•					
TAVARES FL 32778		TAVARES FL 32778-5034	TAVARES FL 32778-5034					
				1111		AARII AARIA HUUL NIRRA IRRAA	AND NOTES	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
				''"	1 1881/201 EN GRIDO (1811 00111 0814) 00111 00101 1/010 1/016 10101 01101 1/010 1/01			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 60-0000321 Applied For			
Only & State		City & State	Only a State		mber <b>60-000032</b> 1		Applied For Not Applicable	$\exists$
Zip	Country	Zip	Country			\$5.00 4		7
				5. Certific	ate of Status Desired	Fee Requir		
	6. Name and Address of Ci	urrent Registered Agent		7; Name a	ind Address of New Re	gistered Agent		
QDE	ENCER, LINDA B	LINDAD COCNCED DE	Name			*		1
	O ALBAMONTE COURT	LINDA B. SPENCER, Ph		NAME BOXONS	nike Eliot (Alechitable)			-
	EDØ FL\32765	32850 LAKESHORE D			MCEMotPhoDitable)			
<b>V</b> 11.	LOP I LIDE I OU	TAVARES, FL 32778-50	J34		SHORE DR.	-		1
	Mired		City	WARES, FL	32778-5034	Zip Coo		┨
			1 .					}
<ol><li>The above the obligat</li></ol>	named entity submits this staten ions of registered agent.	ment for the purpose of changing it	s registered office or regis	stered agent, or	both, in the State of Flori	da. I am familiar with	, and accept	]
the obligat			$\mathscr{L}$	13		1 > 1-	~	
SIGNATURE .	Signature, typed or printed name of regist re	sencer			ncer	1-25-	<u></u>	l
	organisms, typed or printed rights or registers	to agent and the happilicable. (140	TE: Registered Agent signature requ	lifed when reinstating)		DATE		4
			OW!!! FEE IS \$50.0					
			ole to Florida Departn	nent of State				}
		Du	ie By May 1, 2003					l
9.		MEMBERS/MANAGERS	10.		ADDITIONS/C	HANGES		1
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition	ŝ
NAME -	SPENCER, LINDA B		NAME	'				3
STREET ADDRESS	32850 LAKESHORE DR		STREET ADDRESS					S
CITY-ST-ZIP	TAVARES FL 32778 MGR		City-St-ZiP					_ [
TITLE NAME	QUAIL, LORENE	☐ Delete	TITLE			☐ Change	Addition Addition	6
STREET ADDRESS	700 N BELFAST PLACE		NAME STREET ADDRESS					1
CITY-ST-ZIP	CHULUOTA FL 32766		CITY-ST-ZIP					
TITLE	0110200 1111 12 02100	□ Delete	TITLE			Change		1==
NAME		□ Delete	NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE	<u> </u>		☐ Change	☐ Addition	1
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	,
NAME STREET ADDRESS			NAME CYPSET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS (					
	ertify that the information supplie	ad with this filing does not available		Castian 440.07	With Florida Charles and			
muncaieo e	on this report is true and accurate	ed with this filing does not qualify fo e and that my signature shall have	the came local offect on it	made under ee	the that I am a managed	irtner certify that the ii	ntormation	ĺ
limited liab	pility company or the receiver or t	trustee empowered to execute this	report as required by Cha	oter 608. Florida	Statutes.	aeeu or manage	5. 2.16	1