

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90214 037 ****50.00

DOCUMENT # L01000013329

1. Entity Name
LAND RESOURCES, LLC

Principal Place of Business

**1242 PINEBROOK WAY
 VENICE FL 34292**

Mailing Address

**1242 PINEBROOK WAY
 VENICE FL 34292**

966212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1128414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PAOLILLO, MARK
 1242 PINEBROOK WAY
 VENICE FL 34292**

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]*

(NOTE: Registered Agent signature required when reinstating)

4/28/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member MARK PAOLILLO**
 STREET ADDRESS **1242 Pinebrook Way**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member Dales DesJardins**
 STREET ADDRESS **1242 Pinebrook Way**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member Tim Beach**
 STREET ADDRESS **1242 Pinebrook Way**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member Paul Reynolds**
 STREET ADDRESS **1051 US 41 Bypass S.**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member Michael Felix**
 STREET ADDRESS **1053 US 41 Bypass S**
 CITY-ST-ZIP **Venice, FL 34292**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **member Raymond Felix**
 STREET ADDRESS **1053 US 41 Bypass S**
 CITY-ST-ZIP **Venice, FL 34292**

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]*

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

4/28/02
 DATE

Daytime Phone #

CR2E083 (9/01)