2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013546

1. Entity Name



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90019 037 ****50.00

.ot dev e	LOPERS, LLC						
Principal Place	e of Business	Mailing Address	1				
13 LEE RD. #4		933 LEE RD. #401		ļ			
RLANDO FL 32		ORLANDO FL 32810		Ì			
	····			1 (10)	EIN BEI BBIS INDIN KRINT BEUM BRINT BRINT B		II 100 (11)
2. Principal Place of Business 6824 Hanaing Moss Rul 624 Hanaing			Moss 1	Rd III			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	J		CHECK HERE IF MA	KING CHANGES	
Orlando FL		City & State Orlando	Orlando FL		nber 65-1131751	No	plied For t Applicable
Zip ガンタハ	Country	プラ&ヘワ	Country	5. Certifica	ate of Status Desired	\$5.00 Add Fee Require	
<u> </u>	6. Name and Address of Current R	legistered Agent	700-1	7. Name a	nd Address of New Registe	ered Agent	
			Name			_	
VARGAS, ALFONSO C			Street Ac	ddress MP.O. Box Num	nber is Not Acceptable)	<u> </u>	
933 LEE RD. #401 ORLANDO FL 32810			682	Hangi	ng Moss k	<u> </u>	
UNU	ANDO FE 328 10	-	J	J,		ļ	
		City	rland	<u> </u>	FL 3959	ጵስካ	
3. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or I	both, in the State of Florida.	I am familiar with,	and accept
	ions of registered agent.	-		-		_	
SIGNATURE .	fort		ega s			14/03	
	Signature, typed or printed pame of registered agent an	nd title if applicable. (NOTE: R	legistered Agent signatu	re required when reinstating)		DATE /	
	,	50.00					
		•	artment of State				
		Due I	By May 1, 2003				_
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHA		
TITLE	MGR	☐ Delete	TITLE	MOR	1. msc C	Change	Addition
NAME	VARGAS, ALFONSO C		NAME STREET ADDRESS	VARGAS	ALFONSO C.	RD,	
STREET ADDRESS \	933 LEE RD. #401		CITY-ST-ZIP				
	ORLANDO FL 32810	Delete	TITLE	MER.	, FL 32807	Change	Addition
ritle Name	MGR VARGAS, ROD E	L Delete	NAME	16100	, ROD E.	– –	
STREET ADDRESS	1818 ILLINOIS ST.		STREET ADDRESS	4 283	anging Moss	seo.	
CITY-ST-ZIP	ORLANDO-FL-32803	يكلن المعرف ماراته المعموم معرضها منسا المدار	CITY-ST-ZIP	ORLANDO	, FL 32807	7	
TITLE	MGR	☐ Delete	TITLE		,	☐ Change	☐ Addition
NAME	PARENT, CHRIS D		NAME				ĺ
STREET ADDRESS	304 HAZELNUT ST		STREET ADDRESS				
CITY-ST-ZIP	WINTER SPRINGS FL 32708	· ·	CITY-ST-ZIP	MGR		[1] Change	☐ Addition
TITLE	MGR	☐ Delete	TITLE NAME	VARGAS	RAUL A.	Change	☐ Addition
NAME Street address	VARGAS, RAUL A 3100 PLAZA TERR	•	STREET ADDRESS	6824 HA	RAUL A.	Pd.	
CITY-ST-ZIP	ORLANDO FL 32803		CITY-ST-ZIP	ORVINO	0, FL 3280	ィ	
TITLE	ONEANDO LE SESSO	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				1
CITY-ST-ZIP			CITY-ST-ZIP				
DT) C		☐ Delete	TITLE			Change	☐ Addition
INLE		□ Deiete					
ritle Name		□ Delete	NAME				
		∟ Delete					

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 informatic 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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE