Jun-18-02 01:14P Peter Shipps 94

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FILED
Jun 25, 2002 8:00 am
Secretary of State

05-20-2002 90290 001 ***100.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013933

1. Entity Name

TALON BAY PROFESSIONAL CENTER, LLC

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13035 TAMIAMI TRAIL		13035 TAMIAMI TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NORTH PORT, FL		City & State: NORTH PORT, FL	
Zip: 34287	Country: USA	Zip: 34287	Country: USA

DO NOT WRITE IN THIS SPACE 36777

4. FEI Number 04-3624582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MCKINLEY, MICHAEL R

Street Address (P.O. Box Number is Not Acceptable): 18401 MURDOCK CIRCLE

City: PORT CHARLOTTE FL Zip Code: 33948

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 ______________________ 6/19/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHIPPS, PETER E
STREET ADDRESS	227 WOODINGHAM TRAIL
CITY-ST-ZIP	VENICE, FL 34292
TITLE	VP
NAME	SHIPPS, KAREN
STREET ADDRESS	227 WOODINGHAM TRAIL
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: ______________________ 4/29/02 941-423-531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #