

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90045 021 ****50.00

DOCUMENT # L01000014465

1. Entity Name

EMBERS LAKE ESTATES, L.L.C.



Principal Place of Business

**2200 FRONT ST
MANCHESTER NH 03102**

Mailing Address

**2200 FRONT ST
MANCHESTER NH 03102**

2. Principal Place of Business

330 NELSON ROAD

3. Mailing Address

PO BOX 152411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33915-

Country

USA

Zip

33915-2411

Country

USA

4. FEI Number

06-1633650

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

**THERRIEN, DAVID J
619 MW 2ND STREET
CAPE CORAL FL**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **LETENDRE, RICHARD P**
STREET ADDRESS **2200 FRONT ST**
CITY-ST-ZIP **MANCHESTER NH 03102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 REQUIRED** **RICHARD P. LETENDRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-17-03

CR2E083 (10/02)