

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 009 *****50.00

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DOCUMENT # L01000015184

1. Entity Name
LAST HOLE LLC



Principal Place of Business

**300 OCEAN AVE
MELBOURNE BEACH FL 32951**

Mailing Address

**2374 OAK ST
MELBOURNE BEACH FL 32951**

2. Principal Place of Business

2374 Oak Street

3. Mailing Address

6111 River Grove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne Beach FL

City & State

Micco FL

Zip

32951

Country

USA

Zip

32976

Country

USA

4. FEI Number **59-3734687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURY, GEORGE
6111 RIVER GROVE DR
MICCO FL 32976**

7. Name and Address of New Registered Agent

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 George Steven Bury GEORGE STEVEN BURY PRESIDENT 4/21/03

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

TITLE **P** ☐ Delete
NAME **BURY, GEORGE S**
STREET ADDRESS **6111 RIVER GROVE DR**
CITY-ST-ZIP **MICCO FL 32976**

TITLE **MGR** ☐ Delete
NAME **BURY, TERRIE**
STREET ADDRESS **6111 RIVER GROVE DR**
CITY-ST-ZIP **MICCO FL 32976**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: George Steven Bury GEORGE STEVEN BURY PRESIDENT 4/21/03 772-913-5487

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

Date

Daytime Phone #

CR2E083 (10/02)