

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90418 017 ****55.00

DOCUMENT # L01000015347

1. Entity Name

KIRJEN, L.L.C.

Principal Place of Business

**2518 SE WILLOUGHBY BOULEVARD
 STUART FL 34994**

Mailing Address

**2518 SE WILLOUGHBY BOULEVARD
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

P.O. Box 221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Stuart, Florida

Zip

Country

Zip

Country

34992

U.S.A.

4. FEI Number

65-1144144

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

**HARRIS, OLIVER
 2518 SE WILLOUGHBY BOULEVARD
 STUART FL 34994**

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, 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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

**MGRM
 Douglas M. DeLater
 4626 S.E. Pilot Ave.
 Stuart, Fl., 34997**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

**MGRM
 David B. DeLater
 5100s.e. Pine Ridge Way
 Stuart, Fl., 34997**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

Douglas DeLater May 27, 561-223-9753

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

Date 2002

Daytime Phone #

CR2E083 (9/01)