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

## **FILED** May 15, 2003 8:00 am Secretary of State

DOCUMENT # L0100015449  1. Entity Name TRUEIRA ENTERPRISES, L.L.C.					04-28-2003 90099 036 ****50.00					
Principal Plac	e of Business	Mailing Address			{					
140 MALLET BAYOU DRIVE		140 MALLET BAYOU DRIVE			44001695					
FREEPORT FL	32439	FREEPORT FL 32439			} 	1		dibid inii 1881		
2. Principal Place of Business		3. Mailing Address			A I OPRIBEIT DEI GOUGH FERNT DRUIK PRIST ERMY DOTS) BIRDET RIPLY DESPIT DESTUR FOUT FERNT					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Numbei	01-0593737	<del>  -  -</del>	Applied For lot Applicable	]		
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired [	S5.00 Ac Fee Requir			
	6. Name and Address of Current Re	egistered Agent		1122 Dec 200 To 100	7. Name and /	Address of New Regis	tered Agent		7	
TRUEIRA, SCOTT-K				Name	الانت - با					
	MALLET BAYOU DRIVE			Street Address (F	reet Address (P.O. Box Number is Not Acceptable)					
rrc	EPORT FL 32439	•				<del></del>			7	
				City		<del></del>	FL Zip Co	de	1	
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.									1	
SIGNATURE .	Signature, typed or printed name of registered agent and	ANN Francisco	. Degirtered	Agent signature required	urban faintlating)		DATE			
FILE NOW! Make Check Payable to				EE IS \$50.00		,			-	
9.	MANAGING MEMBERS	S/MANAGERS	10.			ADDITIONS/CHA	ANGES		١.	
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I nereby certify that the information supplied with this hilling 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 at trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

M MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Devtime Phone #