

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90004 004 ****50.00

DOCUMENT # L01000015541

1. Entity Name

Shorewalker Developments LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 E. Atlantic Ave

Suite, Apt. #, etc.

Suite Z-250

City & State

Delray Beach, FL

3. Mailing Address

777 E. Atlantic Ave

Suite, Apt. #, etc.

Suite Z-250

City & State

Delray Beach, FL

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4. FEI Number

65-1136121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth Street #200

City

Miami Beach

FL

Zip Code

33139

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Dawes, Jacqueline A. MGR
777 E. Atlantic Ave Z-250
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

S
Jonathan Dawes
777 E. Atlantic Ave Z-250
Delray Beach FL 33483

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

2/4/03

Date

561-926-1444

Daytime Phone #

Jacqueline A. Dawes

CR2E083B (12/02)