

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015929

1. Entity Name

SOVRAN INVESTMENTS, L.L.C.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD., STE. 104
MIAMI FL 33181

11900 BISCAYNE BLVD., STE. 104
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3653282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSMAN, LISA
1135 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name Fredel, Susan

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

11900 Biscayne Blvd, Suite #104
City Miami FL Zip Code 33181

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FREDEL, SUSAN
STREET ADDRESS 11900 BISCAYNE BLVD., STE. 104
CITY-ST-ZIP MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

Date

Daytime Phone #

L01000015929

FILED

02 NOV 12 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/06/02 000933
0114 001



DO NOT WRITE IN THIS SPACE

CP2E083 (4/02)

Attachment A
L01000015929

PAGE
2

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SOVRAN INVESTMENTS, L.L.C.

11900 BISCAYNE BLVD., SUIT #104
NORTH MIAMI, FLORIDA 33181

September 10, 2002

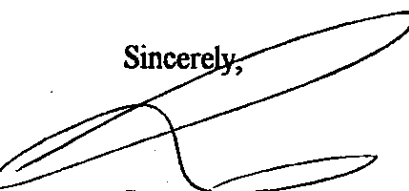
Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
02 NOV 12 PM 12:52
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed please find a check enclosed in the amount of \$50.00 for the 2002 Uniform Business Report filing fee. Please be advised that we did not receive the original Uniform Business Report that I understand was due in May. I called your office and it was explained to me that since I did not receive the original form that I could send the \$50.00 and a letter of explanation. Thank you for your consideration and cooperation in this matter.

Sincerely,


Susan Fredel
President

