

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016454

1. Entity Name

THE SAND DUNES, L.L.C.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 045 ****50.00

Principal Place of Business

221 MCKENZIE AVE.
PANAMA CITY FL 32401

Mailing Address

221 MCKENZIE AVE.
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

P.O. Box 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

La Grange IL

Zip

Country

Zip

Country

60525

Cook

4. FEI Number

593745457

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

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
MGRM
CHIOVARI, LUCILLE
910 KATHLEEN DRIVE
PALATINE IL 60067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHIOVARI, VITO
910 KATHLEEN DRIVE
PALATINE IL 60067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PILEGGI, STANLEY
22913 JUDITH DRIVE
PLAINFIELD IL 60544 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

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

4-21-02

(708)
259-1462

Date

Daytime Phone #

CR2E083 (9/01)