2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-06-2002 90128 039 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016726

1. Entity Name
GALLERIA AT CORKSCREW, LLC

Principal Place of Business	Mailing Address
C/O MR. THIES PICKENPACK 25130 RIDGE OAK DR. BONITA SPRINGS FL 34134	C/O MR. THIES PICKENPACK 25130 RIDGE OAK DR. BONITA SPRINGS FL 34134

2. Principal Place of Business		3. Mailing Address	
Thies Pickenpack		Thies Pickenpack	
Suite, Apt. #, etc. 6947 Verde Way		Suite, Apt. #, etc. 6947 Verde Way	
City & State Naples FL		City & State Naples FL	
Zip 34108	Country USA	Zip 34108	Country USA

4. FEI Number 52-2347396 ☐ 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
~~PICKENPACK, THIES~~ 25130 RIDGE OAK DR. BONITA SPRINGS FL 34134	Name Thies Pickenpack Street Address (P.O. Box Number is Not Acceptable) 6947 Verde Way City Naples FL Zip Code 34108

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 Thies Pickenpack [signature] 4-19-02
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	President + CEO Thies Pickenpack 6947 Verde Way Naples, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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 [signature] 4-19-02 239-5927303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #