

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90090 030 \*\*\*\*55.00

**DOCUMENT # L01000016845**

1. Entity Name

**PRESTIGE REAL ESTATE GROUP, LLC**



Principal Place of Business

**12995 S. CLEVELAND AVENUE  
SUITE PBS 57  
FORT MYERS FL 33907**

Mailing Address

**12995 S. CLEVELAND AVENUE  
SUITE PBS 57  
FORT MYERS FL 33907**

2. Principal Place of Business

**12995 S. Cleveland Ave**

3. Mailing Address

**12995 S. Cleveland Ave**

Suite, Apt. #, etc.

**#59**

Suite, Apt. #, etc.

**#59**

City & State

**Ft. Myers, FL**

City & State

**Ft. Myers, FL**

Zip

**33907**

Country

**USA**

Zip

**33907**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**26-0029292**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SISSON, LARRY  
218 SOUTHERN COUNTRY LANE  
QUINCY FL 32351**

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. 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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **NUZZO, TERESA H**  
STREET ADDRESS **12995 S. CLEVELAND AVE., #PBS 57**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12995 S. Cleveland Ave #59**  
CITY-ST-ZIP **Ft. Myers, FL 33907**

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

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

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

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

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**

**Nuzzo**

**4/22/03**

**239-274-6680**

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

Date

Daytime Phone #

CR2E083 (10/02)