

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90070 020 \*\*\*\*50.00

0039641

**DOCUMENT # L01000017064**

1. Entity Name

**PENDALBEAN, LLC**



Principal Place of Business

1689 SAN MARCO RD  
MARCO ISLAND FL 34145

Mailing Address

P.O. BOX 5065  
MARCO ISLAND FL 34145

2. Principal Place of Business

1012 Anglers Cove  
Suite, Apt. #, etc.  
D306

3. Mailing Address

SAME AS ABOVE

City & State

MARCO ISLAND FL

City & State

Zip

34145

Country

USA

Country

4. FEI Number

32-0002005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WALTHOUR, MATTHEW  
1544 MAINSAIL DRIVE, #1  
NAPLES FL 34114

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 MGR  
NAME WALTHOUR, MATTHEW  
STREET ADDRESS 1544 MAINSAIL DRIVE #1  
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

TITLE MGR  
NAME PALO, ROSE  
STREET ADDRESS 16 SUMMERWIND DRIVE  
CITY-ST-ZIP LAKEWOOD NJ 08701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME WALTHOUR, MATTHEW ☒ Change ☐ Addition  
STREET ADDRESS 1544 MAINSAIL DRIVE, #1  
CITY-ST-ZIP NAPLES FL 34114

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

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**

5-12-03 235-354-8400

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

Date

Daytime Phone #

CR2E083 (10/02)