

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 92165 001 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L01000018364

1. Entity Name

BEL CHOSE, LLC



Principal Place of Business
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

44003432

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 **APPLIED FOR**
03-0379375

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

7. Name and Address of New Registered Agent

~~EURO-AMERICAN FINANCIAL SERVICES INC.~~
~~28000 SPANISH WELLS BLVD.~~
~~BONITA SPRINGS FL 34135~~

Name **ACCURE-ACCOUNTING, LLC**
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD.
City **BONITA SPRINGS** **FL** Zip Code **34135**

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

J. Schmitt
Signature, typed or printed name of registered agent and title if applicable.

FRIEDRICH SCHMIDT, MGR

(NOTE: Registered Agent signature required when reinstating)

02/06/03
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 ~~EURO-AMERICAN FINANCIAL SERVICES, INC.~~
STREET ADDRESS ~~28000 SPANISH WELLS BLVD.~~
CITY-ST-ZIP ~~BONITA SPRINGS FL 34135~~

☒ Delete

TITLE
NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **LAURENT HELFRICH**
STREET ADDRESS **28000 SPANISH WELLS BLVD**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Laurent Helfrich
SIGNATURE REQUIRED LAURENT HELFRICH

02/24/03 239-992-3355
Date Daytime Phone #

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

Date Daytime Phone #

CR2E083 (10/02)