

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

00390035

DOCUMENT # L01000018555

1. Entity Name
LDG MP-34, LLC



FILED

2003 MAY -2 AM 8:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
5668 STRAND COURT
C/O LANDMARK DEVELOPMENT GROUP
NAPLES FL 34110

Mailing Address
5668 STRAND COURT
C/O LANDMARK DEVELOPMENT GROUP
NAPLES FL 34110

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 59-3753008

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

CLASP INC.
3001 TAMiami TRAIL NORTH 4TH FLOOR
NAPLES FL 34103

Name
Cohen & Grigsby, P.C.
Street Address (P.O. Box Number is Not Acceptable)
27200 Riverview Center Boulevard
Suite 309
City
Bonita Springs FL Zip Code
34134

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 4/28/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LANDMARK DEVELOPMENT GROUP, LLC
5668 STRAND COURT
NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200017868602
05/02/03--01027--004 **50.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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

4/28/03 339-597-8400

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

Date

Daytime Phone #

CR2E083 (10/02)