## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2002 8:00 am § Secretary of State DOCUMENT # L01000019253 1. Entity Name 05-22-2002 90209 011 \*\*\*\*50.00 TREVUS PARTNERS, LLC Principal Place of Business Mailing Address 118 HIBISCUS DRIVE 118 HIBISCUS DRIVE PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business CO GERCU - 3224 WHITE IBIS CT DO NOT WRITE IN THIS SPACE Applied For Not Applicable CHARBOTTE \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMBASCO, ERNEST, 118 HIBISCUS DRIVE PUNTA GORDA FL 33950 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 ☐ Delete (9/01)Change ☐ Addition TAMBASCO, ERNEST NAME NAME STREET ADDRESS 118 HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE MGR Delete TITLE NAME BERCU, SCOTT NAME STREET ADDRESS 118 HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE