

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

\$50.00

FILED

02 JUL 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020078

1. Entity Name

SOUTHEAST FLORIDA MANHUT LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3507 LOWSON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELIA BEACH FLORIDA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KEVIN DUW ESQ.

Street Address (P.O. Box Number is Not Acceptable)

11575 HERON BAY BLVD #309

City

LOCAL SPRINGS

FL

Zip Code

33076

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

6/26/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DANIEL S. YOUNG III
STREET ADDRESS 3507 LOWSON BLVD
CITY-ST-ZIP DELIA BEACH FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200006708342--E
-07/26/02--01044--005
****234.50 *****50.00

TITLE MGRM
NAME CHERYL A. YOUNG
STREET ADDRESS 3507 LOWSON BLVD
CITY-ST-ZIP DELIA BEACH FL 33445

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

06/17/02

Date

Daytime Phone #

949 5724
305 46

CR2E083B (12/01)