

UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 01-22-2002 90018 039 ****50.00

DOCUMENT # L01000020366
 1. Entity Name FoxBrook Partners LLC

DO NOT WRITE IN THIS SPACE

86389

2. Principal Place of Business 17607 White Fox Dr
 Suite, Apt. #, etc.
 3. Mailing Address PO Box 223
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Parrish FL
 Zip 34219 Country USA
 City & State Parrish FL
 Zip 34219 Country USA
 4. FEI Number 65-1159766
 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

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

SIGNATURE Leslie B Wells

3/31/02

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

DATE

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Manager	Leslie Wells	18204 Coyote Creek Ct	Parrish, FL 34219				
MGRM	Katherine Christie	6604 Riverview Blvd	Bradenton FL 34209				
MGRM	Joseph Gigliotti	10504 US 41	Palmetto, FL 34221				
MGRM	Louis Merucci	10504 US 41	Palmetto, FL 34221				

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CR2E083B (12/01)

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.

Leslie B Wells

1/30/02 941-776-5155

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

Date

Daytime Phone #