

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

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90151 026 ****50.00

DOCUMENT # **L01000020567**

1. Entity Name

B.V.m. Properties, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1303 E. Main St.

Suite, Apt. #, etc.

3. Mailing Address

1303 E. Main St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

30-0022079

Applied For

Not Applicable

Zip

33801

Country

Zip

33801

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark D. Rust

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

1303 E. Main St.

City

Lakeland

FL

Zip Code

33801

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Manager
Mark D. Rust
1303 E. Main St.
Lakeland, FL 33801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Manager
Edith G. Rust
1303 E. Main St.
Lakeland, FL 33801**

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STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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:

Edith Rust

Edith Rust 2.21.02 863 682-4881

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

Date

Daytime Phone #

CR2E083B (12/01)