

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

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90062 049 ****50.00

DOCUMENT # L01000021107

1. Entity Name

MHC ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

507 Whitehead St

Suite, Apt. #, etc.

3. Mailing Address

507 Whitehead St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key West, Florida

City & State

Key West, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33040 USA

Zip

Country

33040 USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Michelle I. Cates

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

507 Whitehead St.

City

Key West

FL

Zip Code

33040

**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

Michelle I. Cates, member

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

2/8/02

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**

member
Michelle I. Cates
507 Whitehead St.
Key West, FL 33040

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

member
Michael J. Cates
10263 Gandy Blvd. #2212
St. Petersburg, FL 33702

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

member
Keir K. Borresen
2055 Envoy Court
Clearwater, FL 33764

**TITLE
NAME
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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)(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:

Michelle I. Cates, managing member, 2/8/02 305-296-7160

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

Date

Daytime Phone #

CR2E083B (12/01)