

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91596 009 \*\*\*\*50.00

**DOCUMENT #** L01000021354

**1. Entity Name**

TARPON POINT ASSOCIATES, LLC

968342

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

15065 MCGREGOR BLVD

Suite, Apt. #, etc.

SUITE 108

City & State

FORT MYERS, FL

Zip

33908

Country

USA

**3. Mailing Address**

15065 MCGREGOR BLVD

Suite, Apt. #, etc.

SUITE 108

City & State

FORT MYERS, FL

Zip

33908

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-1158186

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

ROBERT D. HENSLEY

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

15065 MCGREGOR BLVD

SUITE 108

City

FORT MYERS

FL

Zip Code  
33908

**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**  
MGRM  
TARPON POINT ASSOCIATES, LTD  
15065 MCGREGOR BLVD, STE 108  
FORT MYERS, FL 33908

**TITLE**  
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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:**

ROBERT D. HENSLEY

5-23-02

239-437-5007

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

Daytime Phone #