

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 032 ****50.00

DOCUMENT # *LO1000021444*

1. Entity Name

United Partners LLC

DO NOT WRITE IN THIS SPACE

30062768

2. Principal Place of Business

5786 Enterprise

Suite, Apt. #, etc.

Parkway

3. Mailing Address

P.O. Box 2449

Suite, Apt. #, etc.

City & State

Ft Myers, FL

City & State

Ft Myers, FL

Zip

33905

Country

USA

Zip

33902

Country

USA

4. FEI Number

05-1143347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brook Boyd

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

5786 Enterprise Parkway

City

Ft Myers

FL

Zip Code

33905

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mr. Brook Boyd
P.O. Box 2449, Ft Myers FL
33902

TITLE
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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

Brook Boyd

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

Date

Daytime Phone #

Apr 20-2003-239-340-4662