

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90445 001 \*\*\*150.00

**DOCUMENT #** L01000021503

**1. Entity Name**

MOOSE LODGE CONSULTING, LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

255 So. ORANGE AVE

**3. Mailing Address**

255 So. ORANGE AVE

Suite, Apt. #, etc.

800

Suite, Apt. #, etc.

800

**City & State**

ORLANDO FL

**City & State**

ORLANDO FL

**Zip**

32801

**Country**

USA

**Zip**

32801

**Country**

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**Applied For**

☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

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

**Name**

John P. Greeley

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

255 So. ORANGE AVE

Suite 800

**City**

Orlando

**FL**

**Zip Code**

32801

**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**

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

**MGRM**

KENT E. RIEDESEL

8280 College Parkway Suite 103

Fort Myers, FL 33919

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

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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:**

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

**Date**

**Daytime Phone #**

4/10/02 407 843 7300

CR2E083B (12/01)