

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

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90455 016 \*\*\*\*55.00

DOCUMENT # L01000021535

1. Entity Name

E.S.T. OF FLORIDA L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

621 E Cape Coral Pkwy

3. Mailing Address

621 E Cape Coral Pkwy

Suite, Apt. #, etc.

Unit 2

Suite, Apt. #, etc.

Unit 2

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

40-0002598

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

980185

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILHELM ENGEL

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

621 E. Cape Coral Pkwy

City

Cape Coral

FL

Zip Code

33904

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

06/10/2002

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  
WILHELM ENGEL  
621 E. Cape Coral Pkwy  
Cape Coral, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GEORGE MICHAEL SIMON  
122 SW 46th Ter  
Cape Coral, FL 33914

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SUNIL TALWAR  
4321 Country Club Blvd Unit 107  
Cape Coral, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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CITY-ST-ZIP

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 #

06/10/2002 (239) 540 1240

CR2E083B (12/01)