

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021535

1. Entity Name

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

09-15-2002 90089 013 ****50.00

FILED

02 DEC 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
621 E. CAPE CORAL PKWY 621 E. CAPE CORAL PKWY
CAPE CORAL FL 33904 CAPE CORAL FL 33904

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



12/26

DO NOT WRITE IN THIS SPACE

MJM

4. FEJ Number 40-0002598 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENGEL, WILHELM
621 E. CAPE CORAL PKWY
CAPE CORAL FL 33904

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity supports 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

09.09.02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMON, GEORGE MICHAEL 122 SW 46TH TERRACE CAPE CORAL FL 33914 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TALWAR, SUNIL 4321 COUNTRY CLUB BLVD., UNIT 107 CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 #

Signature: *[Signature]* REQUIRED *[Signature]* 9/9/02 / 237-872-5418

CR2E083 (4/02)