

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 037 *****50.00

0008257

DOCUMENT # L01000021630

1. Entity Name

BURKE CUSTOM HOMES, LLC



Principal Place of Business

JOHN LAGUARDIA
10142 CANOPY TREE COURT
ORLANDO FL 32836
US

Mailing Address

JOHN LAGUARDIA
10142 CANOPY TREE COURT
ORLANDO FL 32836
US

2. Principal Place of Business

3. Mailing Address

400 W New England Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9

City & State

City & State

Winter Park FL

Zip

Country

Zip

Country

32789



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

59-3761162

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

LAGUARDIA, JOHN MGR PTR
10142 CANOPY TREE COURT
ORLANDO FL 32836

Name

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

400 W. New England Ave #9

City

Winter Park FL

FL

Zip Code

32789

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAGUARDIA, JOHN MGRM	
STREET ADDRESS	10142 CANOPY TREE COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400 W. New England Ave #9
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
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

4-14-03

Date

407644 0014

Daytime Phone #

CR2E083 (10/02)