

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90042 009 \*\*\*\*\*50.00

0019353

**DOCUMENT # L01000021699**

1. Entity Name

**SHORELINE ENTERPRISES OF FLORIDA, LLC**



Principal Place of Business

**9220 BONITA BEACH ROAD  
SUITE 214  
BONITA SPRINGS FL 34135**

Mailing Address

**P.O. BOX 3230  
BONITA SPRINGS FL 34133**

2. Principal Place of Business

**4245 Rita Lane**

3. Mailing Address

**P.O. Box 3230**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, FL**

Zip

**34134**

Country

**USA**

Zip

**34133**

Country

**USA**

4. FEI Number **02-0535466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FROELICH, RICK  
9220 BONITA BEACH BLVD.  
214  
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name  
**Same**

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

City

**FL**

Zip Code

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-8-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>FROELICH, RICK</b>	
STREET ADDRESS	<b>9220 BONITA BEACH RD., SUITE 214</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>FROELICH, LEIGHANNA</b>	
STREET ADDRESS	<b>9220 BONITA BEACH RD., SUITE 214</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**9-8-03**

CR2E083 (4/03)