

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 016 ****50.00

DOCUMENT # L01000021783

1. Entity Name

DADE CITY PINES, LLC

DO NOT WRITE IN THIS SPACE

954485

2. Principal Place of Business

701 U.S. Highway One, Suite 402

Suite, Apt. #, etc.

North Palm Beach, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33408

Country

Palm Beach

Zip

Country

4. FEI Number

01-0536657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lawrence W. Smith, Esq.

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

701 U.S. Highway One

Suite 402

City

North Palm Beach

FL

Zip Code
33408

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 Manager
NAME John Staluppi
STREET ADDRESS 701 U.S. Highway One, Suite 402
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager
NAME John Rosatti
STREET ADDRESS 701 U.S. Highway One, Suite 402
CITY-ST-ZIP North Palm Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E083B (12/01)