

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021836

1. Entity Name

MIST INVESTMENTS, LLC

**FILED**  
Jul 08, 2002 8:00 am  
Secretary of State

07-08-2002 90237 018 \*\*\*\*50.00

Principal Place of Business

Mailing Address

7772 ALISTER MACKENZIE DR.  
SARASOTA FL 34240

7772 ALISTER MACKENZIE DR.  
SARASOTA FL 34240

2. Principal Place of Business

2180 Main St.

3. Mailing Address

2180 Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. FEI Number

01-0707444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SVIRSKY, MICHAEL  
7772 ALISTER MACKENZIE DR.  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name Melinda Delpach

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

2180 Main St

City Sarasota

FL

Zip Code

34237

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME Melinda Delpach  
STREET ADDRESS 2180 Main St  
CITY-ST-ZIP Sarasota FL 34237

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

7/5/02 (941) 953-9771

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

Date

Daytime Phone #

CR2E083 (4/02)