

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

01-27-2003 90078 041 ****50.00

1/27/

DOCUMENT # L01000021836

1. Entity Name
MIST INVESTMENTS, LLC



Principal Place of Business
**2180 MAIN STREET
SARASOTA FL 34237**

Mailing Address
**2180 MAIN STREET
SARASOTA FL 34237**

2. Principal Place of Business
**46 N. Washington Blvd A1A
Sarasota FL**
City & State

3. Mailing Address
**46 N. Washington Blvd A1A
Sarasota FL**
City & State



☐ CHECK HERE IF MAKING CHANGES

Zip **34236** Country **USA**

Zip **34236** Country **USA**

4. FEI Number **01-0707444**
69-

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELPECH, MELINDA
2180 MAIN STREET
SARASOTA FL 34237**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 releasing)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DELPECH, MELINDA**
STREET ADDRESS **2180 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **Melinda Delpech**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **SARASOTA FL 34236**
DIRECTOR

TITLE ☐ Change ☐ Addition
NAME **Michael Svirsky**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **SARASOTA FL 34236**
DIRECTOR

TITLE ☐ Change ☐ Addition
NAME **Steve Svirsky**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **SARASOTA FL 34236**
DIRECTOR

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

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

Date

Daytime Phone #

CR2E083 (10/02)