2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022128

1. Entity Name

FOX HUNTER, LLC



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90201 040 ****50.00

Principal Place of Business 1100 FIFTH AVE. SO. SUITE 405 NAPLES FL 34102		Mailing Address 1100 FIFTH AVE. SO. SUITE 405 NAPLES FL 34102			# 141 69 141 69 44 6 048 144			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		□ снеск	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 80-00	00 0004302			
Zip	Country	Zip	Country	5. Certificate of Status De		\$5.00 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of	***************************************		ea .	
1100 SUN	Densticker & San Filippo, LLP D Fifth Ave. So. Te 405 Les Fl 34102		Name Street Add	ress (P.O. Box Number is Not Acce	rptable)			
			City	·······	FL	Zip Cod	e	
the obligat	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.	and title if applicable. (NOTE FILE NO Make Check Payable	:: Registered Agent signature	equired when reinstating)	e of Florida. I am fa	amiliar with,	and accept	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDIT	IONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEIDENSTICKER, WAYDE P JR 1100 FIFTH AVE. SO., SUITE 40 NAPLES FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NĀME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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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:

MANAGER, OR AUTHORIZED REPRESENTATIVE

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