

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90198 008 ****50.00

DOCUMENT # L01000022253

1. Entity Name

LABONNE FAMILY INVESTMENTS, LLC



Principal Place of Business

**1300 AMBERLEY CT
UNIT 105
BONITA SPRINGS FL 34135**

Mailing Address

**14643 KRYPTON ST
ANOKA MN 55303**

2. Principal Place of Business

13000 Amberley CT

3. Mailing Address

Suite, Apt. #, etc.

Unit 105

City & State

Bonita Springs FL

Zip

34135

Country

USA

Country

4. FEI Number

59-3761462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



00001789

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LABONNE, TOM
13590 S. HAMPTON DRIVE
BONITA SPRINGS FL 34135**

Name

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, 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LABONNE, JOSEPH T**
CITY-ST-ZIP **15740 LINCOLN ST. SE
HAM LAKE MN 55304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LABONNE, MARK S**
CITY-ST-ZIP **15740 LINCOLN ST. SE
HAM LAKE MN 55304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **LABONNE, JEFFREY S**
CITY-ST-ZIP **15740 LINCOLN ST. SE
HAM LAKE MN 55304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MASON, LYNN M**
CITY-ST-ZIP **15740 LINCOLN ST. SE
HAM LAKE MN 55304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

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

Date

Daytime Phone #

1-6-03 763-434-6108

CR2E083 (10/02)