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

Mailing Address

14643 KRYPTON ST

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

Suite, Apt. #, etc.

ANOKA MN 55303

## DOCUMENT # L01000022253

1300 AMBERLEY CT

**UNIT 105** 

9.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7/P

Principal Place of Business

BONITA SPRINGS FL 34135

2. Principal Place of Business

3000 Amberley

LABONNE, TOM

the obligations of registered agent.

MGR

MGR

MGR

MGR

LABONNE, JOSEPH T

HAM LAKE MN 55304

LABONNE, MARK S

15740 LINCOLN ST. SE

HAM LAKE MN 55304

LABONNE, JEFFREY S

15740 LINCOLN ST. SE

15740 LINCOLN ST. SE

HAM LAKE MN 55304

HAM LAKE MN 55304

MASON, LYNN M

15740 LINCOLN ST. SE

13590 S. HAMPTON DRIVE **BONITA SPRINGS FL 34135** 

## LABONNE FAMILY INVESTMENTS, LLC



Country

10.

NAME

TITLE

NAME

TITLE

NAME

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NAME

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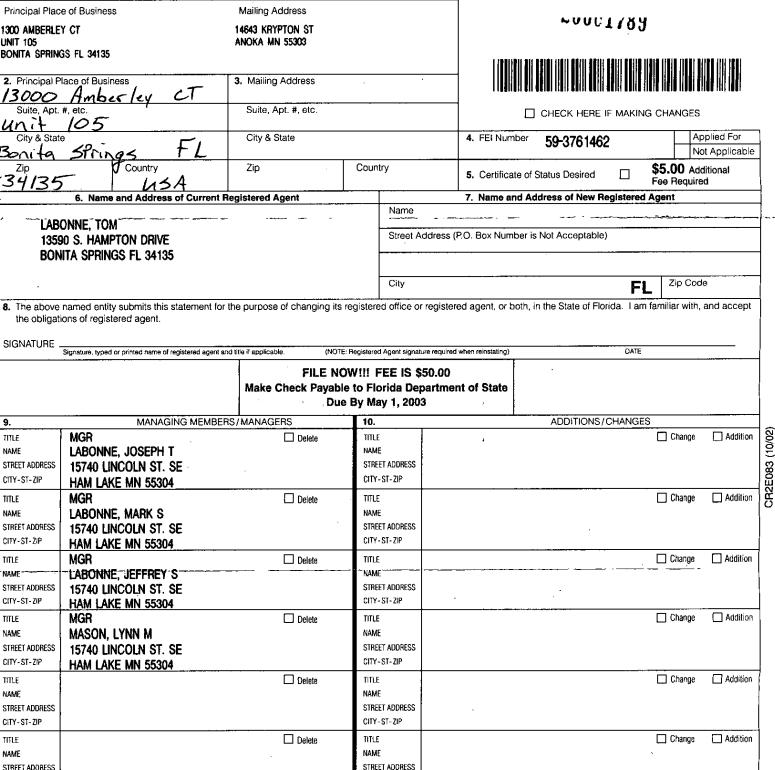
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City

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

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



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.

OR AUTHORIZED REPRESENTATIVE