

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

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 006 ****50.00

DOCUMENT # L01000022254

1. Entity Name

CHARLOTTE COUNTY PARK OF COMMERCE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 Commercial Blvd

Suite, Apt. #, etc.

Suite 118

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3589749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael B. McKinley Esq.

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

18401 Murdock Circle

City

Port Charlotte

FL

Zip Code

33948

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|----------|------------------|-----------------------------|------------------|-------|------|----------------|-------------|
| Manager | Richard Yetter | 1100 Commercial Blvd. # 118 | Naples, FL 34104 | | | | |
| Director | Donald L. Arnold | 1100 Commercial Blvd. # 118 | Naples, FL 34104 | | | | |
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**DO NOT WRITE
IN THIS SPACE**

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:

Donald L. Arnold

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

Date

02/06/02

Daytime Phone #

941 643-6333

CR2E083B (12/01)