

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90107 017 ****50.00

DOCUMENT # L01000022466

1. Entity Name

WHITE HOUSES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2282 HILLVIEW ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

Zip

34239

Country

SARASOTA

Zip

Country

4. FEI Number

30-0000970

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PERRY WHITE

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

2282 HILLVIEW ST

City

SARASOTA

FL

Zip Code

34239

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 VICE PRESIDENT
NAME KATHERINE ANNE WHITE
STREET ADDRESS 2282 HILLVIEW ST
CITY-ST-ZIP SARASOTA FL 34239

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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:

[Signature]

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

4/15/2002

Date

941 365 5409

Daytime Phone #

CR2E083B (12/01)