

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90958 009 ****50.00

DOCUMENT # L02000000024

1. Entity Name

SIMPSON COMMERCIAL PROPERTIES, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 N. Donnelly St.

Suite, Apt. #, etc.

Mt. Dora, FL

City & State

32757

Zip

Country

US

3. Mailing Address

441 N. Donnelly St.

Suite, Apt. #, etc.

Mt. Dora, FL

City & State

Zip

32757

Country

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert Simpson

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

441 N. Donnelly St.

City

Mt. Dora

FL

Zip Code
32757

**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**

PC
Robert Simpson
441 N. Donnelly St.
Mt. Dora, FL 32757

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

ST
Carol Simpson
441 N. Donnelly St.
Mt. Dora, FL 32757

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

VP
Michael Simpson
441 N. Donnelly St.
Mt. Dora, FL 32757

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
Mark Simpson
441 N. Donnelly St.
Mt. Dora, FL 32757

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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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:

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

3/25/02

Date

352-383-2087

Daytime Phone #

CR2E03B (12/01)