

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90232 011 ****50.00

DOCUMENT # L02000000324

1. Entity Name

6911 SE HARBOR CIRCLE, LLC

DO NOT WRITE IN THIS SPACE

966090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6911 SE Harbor Cir.

Suite, Apt. #, etc.

3. Mailing Address

170 WESTFIELD DR.

Suite, Apt. #, etc.

City & State

STUART, Florida

Zip

34996

Country

MARTIN

City & State

EAST GREENWICH, RI

Zip

02818

Country

KENT

4. FEI Number

032-76-5980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH A. NORMAN

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

800 SE MONTEKEY COMMONS BLVD, STE 200

City

Stuart

FL

Zip Code

34996

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
MICHAEL PERIK, PRESIDENT
170 WESTFIELD DR.
EAST GREENWICH, RI 02818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ELIZABETH PERIK, VICE PRESIDENT
170 WESTFIELD DR.
EAST GREENWICH, RI 02818

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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Michael Perik

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

Date

Daytime Phone #

CR2E083B (12/01)