

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 009 ****50.00

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DOCUMENT # L02000000914

1. Entity Name

SOME DAY CAME, LLC



Principal Place of Business

% ROBERT G. CLEMENTS, ESQUIRE
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

Mailing Address

% ROBERT G. CLEMENTS, ESQUIRE
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

1018 BAY ST

3. Mailing Address

1018 BAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

04-3586963

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLEMENTS, ROBERT G ESQUIRE
37 NORTH ORANGE AVENUE, SUITE 500
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **DEAN MCPHAIL**

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

1018 BAY ST.

City **DELRAY BEACH**

FL

Zip Code

33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DEAN B MCPHAIL** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **DEAN MCPHAIL**
STREET ADDRESS **1018 BAY ST**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DEAN B MCPHAIL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/03

561-278-8794

CR2E083 (10/02)