2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1082

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000002226

1. Entity Name
NATSAV, LLC

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
15170 INTRACOASTAL COURT FT. MYERS, FL 33908	15170 INTRACOASTAL COURT FT. MYERS, FL 33908

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEAR, L. DAVID 401 E. JACKSON STREET SUITE 2700 RUDEN MCCLOSKY SMITH SCHUSTER & RUSSELL PA TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstated)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	Laurel C. King 15170 Intracoastal Ct. Fort Myers, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700020424387
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Laurel C. King 5-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

DEPARTMENT OF STATE

2 of 2

CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 112609 8711A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ ~~50.75~~ 55.00

ORDER DATE : May 30, 2003

ORDER TIME : 11:42 AM

ORDER NO. : 112609-005

CUSTOMER NO: 8711A

CUSTOMER: Janet Nickerson, Legal Asst
Faerber Lanier Deifik Cliff &
Suite 300
599 Tamiami Trail North
Naples, FL 34102

RECEIVED
03 JUN -3 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: NATSAV, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SARA LEA ~~Amanda Haddan~~-EXT#1114

EXAMINER'S INITIALS: _____