

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90032 039 ****50.00

DOCUMENT # L02000002583

1. Entity Name

CAPE CANAVERL LIQUORS, LLC



CANAVERAL

MISSPELLED

Principal Place of Business

8177 NORTH ATLANTIC AVENUE
SUITE 3
CAPE CANAVERL FL 32920
US

Mailing Address

P.O. BOX 560702
ROCKLEDGE FL 32956
US

2. Principal Place of Business

A.O. Box 560702

3. Mailing Address

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

City & State

4. FEI Number

26-0042256

Applied For

Not Applicable

Zip

32956-0702

Country

Zip

32956-0702

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ESHBAUGH, JAMES G
6365 GRISSOM PARKWAY
COCOA FL 32927

MISSPELLED

7. Name and Address of New Registered Agent

Name

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

6365 GRISSOM PARKWAY

City

COCOA, FL

FL

Zip Code

32927

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

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MGR
ESHBAUGH, JAMES G
8177 NORTH ATLANTIC AVENUE, #3-
CAPE CANAVERL FL 32920

10. ADDITIONS/CHANGES

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

6365 GRISSOM PARKWAY
COCOA, FL 32927

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

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

TITLE 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: JAMES G. ESHBAUGH 03/18/03 (321) 783-8875

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

Date

Daytime Phone #

CR2E083 (10/02)