

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 016 ****55.00

DOCUMENT # L02000002644

1. Entity Name
BAILEY GRANITE, L.L.C.



Principal Place of Business
2320 W. MONTCLAIR RD
LEESBURG, FL 34748

Mailing Address
2320 W. MONTCLAIR RD
LEESBURG, FL 34748

30048383

2. Principal Place of Business

3. Mailing Address

PO Box 490090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Leesburg FL

4. FEI Number

47-0846857

Applied For

Not Applicable

Zip

Country

Zip

34749

Country

USA

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

BAILEY, ELIJAH
2320 W. MONTCLAIR RD.
LEESBURG, FL 34748

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$80.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHIBLER, PHILIP S
16987 110 AVE., N.
JUPITER, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHIBLER, PHILIP S.
312 Woodland Trail
LAUDERDALE, FL 33215 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAILEY INDUSTRIES, INC.
2320 W. MONTCLAIR RD.
LEESBURG, FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
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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:

Philip S. Shibler **Presided as member** **3/26/03** **(352) 326-2898**

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

Date

Daytime Phone #

CR2E083 (10/02)