

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-02-2003 90564 034 ****50.00

DOCUMENT # L02000003676

1. Entity Name

SIHLE PROPERTIES, L.L.C.



Principal Place of Business

Mailing Address

**871 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32716**

**871 DOUGLAS AVE.
ALTAMONTE SPRINGS FL 32716**

44003065



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

02-0552764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSEY, GARY E.
100 WEST CITRUS ST.
ALTAMONTE SPRINGS FL 32714**

Name **GERALD K. SIHLE**

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

871 DOUGLAS AVE

City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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]

(NOTE: Registered Agent signature required when reinstating)

4-28-03

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete
NAME **GERALD K. SIHLE**
STREET ADDRESS **871 DOUGLAS AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

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

4-28-03 407-869-0962

Date

Daytime Phone #

CR2E083 (10/02)