

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

05-02-2003 90585 018 \*\*\*\*50.00

DOCUMENT # **L02000004253** ✓

1. Entity Name

**Chad P. Lytton Enterprises, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4897 Cypress Woods Dr.**

Suite, Apt. #, etc.

**6205**

3. Mailing Address

**4897 Cypress Woods Dr.**

Suite, Apt. #, etc.

**6205**

DO NOT WRITE IN THIS SPACE

City & State

**Orlando, FL**

City & State

**Orlando, FL**

4. FEI Number

**75-3006112**

Applied For

Not Applicable

Zip

**32811**

Country

**Orange**

Zip

**32811**

Country

**Orange**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Arlene Frame**

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

**7200 Hawksnest Blvd.**

**Orlando, FL**

City

**FL**

Zip Code

**32835**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Chad Lytton  
4897 Cypress Woods Dr. #6205  
Orlando - FL - 32811**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

**4/29/03**

Date

**407 316 9808**

Daytime Phone #

CR2E083B (12/02)