

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90609 042 *****50.00

DOCUMENT # L02000004257

1. Entity Name
PLAYA BLANCA, L.L.C.



Principal Place of Business
**977 SOUTH FERDON BLVD.
CRESTVIEW FL 32536**

Mailing Address
**977 SOUTH FERDON BLVD.
CRESTVIEW FL 32536**

2. Principal Place of Business
5399 E COUNTY HWY 30A #192
Suite, Apt. #, etc.

3. Mailing Address
5399 E. COUNTY HWY 30A #192
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH, FL

4. FEI Number
33-0995278

Applied For
☐ Not Applicable

Zip
32459

Country
USA

Zip
32459

Country
USA

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

6. Name and Address of Current Registered Agent

**BRIDGE, LANA
977 SOUTH FERDON BLVD.
CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name
LANA BRIDGE
Street Address (P.O. Box Number is Not Acceptable)
5399 E COUNTY HWY 30-A #192

City
SANTA ROSA BEACH **FL** Zip Code
32459

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

LANA BRIDGE

(NOTE: Registered Agent signature required when reinstating)

DATE *Apr 13 2003*

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

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER ☐ Delete
NAME
LANA BRIDGE
STREET ADDRESS
5399 E COUNTY HWY 30-A #192
CITY-ST-ZIP
SANTA ROSA BEACH, FL 32459

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
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STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
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: *Lana Bridge* **LANA BRIDGE**

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

Date

Daytime Phone #

901-231-3028

CR2E083 (10/02)