

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90023 006 ****50.00

DOCUMENT # L02000004579

1. Entity Name

DONNA C. WYATT, LLC



Principal Place of Business

Mailing Address

**17 S. LAKE AVENUE
ORLANDO FL 32801**

**17 S. LAKE AVENUE
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

**839 Altaloma Av
Suite, Apt. #, etc.**

**839 Altaloma Av
Suite, Apt. #, etc.**

City & State

Orlando FL

City & State

Orlando FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. FEI Number

97-0002845

Applied For

Not Applicable

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

WYATT, DONNA C

**17 S. LAKE AVENUE
ORLANDO FL 32801**

Name

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

839 Altaloma Ave

City

Orlando

FL

Zip Code

32803

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 **Donna C. Wyatt**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

**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 **MGR** ☐ Delete
NAME **Donna C. Wyatt**
STREET ADDRESS **839 Altaloma Av**
CITY-ST-ZIP **Orlando, FL 32803**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Donna C. Wyatt**

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

Date

Daytime Phone #

1/31/03

407-895-3871

CR2E083 (10/02)