

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

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DOCUMENT # L02000005233  1. Entity Name  . Picerne Summer Chase, LLC  DO NOT WRITE IN THIS SP				English Control	
				03 MAY - I PM 12: 20  LERETARY OF STATE FALLAHASSEE, FLORIDA	
			SPACE		
2. Principal Place of Business 247 North Westmonte Drive Suite, Apt. #, etc.  City & State Altamonte Springs, FL		3. Mailing Address  Suite, Apt. #, etc.  City & State		1 <b>+ 1</b> 0000	095579 2-001 **55.00
				4. FEI Number  Applied For All Not Applicable	
				7. Name and Address of Current F	Registered Agent
	DO NOT		Name W. Te	rry Costolo	
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	IN THIS S	SPACE	301 E. Pine	Street, Suite 1400	
			City Orlando	)	FL Zip Code 32301
the obliga	tions of registered agent.	ant for the purpose of changing	g its registered office or registe	red agent, or both, in the State of Flor	ida. I am lamiliai with, and accept
the obliga SIGNATURE		agent and little if applicable.	FEE IS \$50.00		DATE
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SIGNATURE	tions of registered agent. Signature, typed or printed name of registered	agent and little if applicable.	FEE IS \$50.00		
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