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

## DOCUMENT # L0200005399

1. Entity Name

SYLVAN OF CHARLOTTE COUNTY L.L.C.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90051 041 \*\*\*\*50.00

					GOO WE THE	<b>^</b>				
Principal Pla	ace of Business	· <u>-</u> · <u>-</u> ·	Mailing Address		<del></del>					
9341 ALAMANDER CT			9341 ALAMANDER CT							
#305 FT MYERS FL 33919		#305	#305							
L1 MICUS L	- 33919		FT MYERS FL 33919			1 (88)	RIA BALANDAR KARALANDAR	ti <b>Au</b> tri <b>un</b> iti i		
2. Principal	Place of Busine	ess	3. Mailing Address		<del></del>					
1100 N. Tamiani Trad F-5				10744 1 2 1 6 01			LIN ON CONTRINCTO OF THE			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			- <del> </del>			
			Blag 84,	Santa 1		ľ	☐ CHECK HERE	IF MAKIN	G CHANGE	S
City & Sta		4.	City & State	- March		4. FEI Num	ber	<del>-</del>		Applied For
	Dar Barre	- Handa	Blanda	<u> </u>	39489	45-	0481699		-	Not Applicable
Zip <b>33</b> 9		Country	Zip	Country	سومرا		e of Status Desired		\$5.00 A	<del></del>
<u> </u>		and Address of Curre	nt Posistared Acc-4	( <del>-1</del>				_	Fee Requi	red
			nt negistered Agent	<del></del>	Name	7. Name an	d Address of New R	egistered	Agent_	
	uke, terrei				_					
	1 ALAMANDE	ER CT			Street Addres	(P.O. Box Number is Not Acceptable)			-	
#30		2040		-	<del>-</del>		<del>-</del>	_ <u>_</u>		
FII	MYERS FL 33	919 9				_				
					City			FL	Zip Co	de
8. The above	named entity:	submits this statement	for the purpose of changing	its registered	office or regist	torod agont on he	A. J. W. C		<u> </u>	
the obligat	tions of register	ed agent.	11-1	no registered	onice or regisi	tereu agent, or bo	oth, in the State of Flo	rida. I am	familiar with	, and accept
SIGNATURE .	/11	rence M.	Alum.					12.1	/ // C	
O.G. WILL	Signature, typed or	printed name of registered appr	nt and title if applicable. (No	IOTF: Registered Ac		<u></u> .	<i>t</i> ,	DATE	رد	
		printed flattle of registered ager		· · · · · · · · · · · · · · · · · · ·	ient signature requii	ired when reinstating)				
-		printed name of registered ager			· · · · · · · · · · · · · · · · · · ·	ired when reinstating)		DAIL		
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9.		MANAGING MEMB	FILE I Make Check Paya D BERS/MANAGERS	NOW!!! FE able to Florid Due By May	E IS \$50.00	0	ADDITIONS/	CHANGES		
9. Title Name	MGR	MANAGING MEMB	FILE I Make Check Paya D	NOW!!! FE able to Florid Due By May	E IS \$50.00	0	ADDITIONS/s	CHANGES	☐ Change	☐ Addition
TITLE	MGR HIDUKE, TI	MANAGING MEMB	FILE I Make Check Paya D BERS/MANAGERS	NOW!!! FE able to Floridue By May  10.  TITLE NAME	E IS \$50.00 da Departm 1, 2003	0	ADDITIONS/	CHANGES		☐ Addition
TITLE NAME	MGR HIDUKE, TI	MANAGING MEMB ERRENCE IANDER CT #305	FILE I Make Check Paya D BERS/MANAGERS	NOW!!! FE able to Florid Due By May	E IS \$50.00 da Departm 1, 2003	0	ADDITIONS/	CHANGES		☐ Addition
TITLE NAME STREET ADDRESS	MGR HIDUKE, TI 9341 ALAM	MANAGING MEMB ERRENCE IANDER CT #305	FILE I Make Check Paya D BERS/MANAGERS	NOW!!! FE able to Florid Due By May  10.  TITLE NAME STREET AI CITY-SI-	E IS \$50.00 da Departm 1, 2003	0	ADDITIONS/	CHANGES	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIDUKE, TI 9341 ALAM	MANAGING MEMB ERRENCE IANDER CT #305	FILE I Make Check Paya D BERS/MANAGERS	NOW!!! FE able to Floridue By May  10.  TITLE  NAME  STREET AI  CITY-ST-  TITLE	E IS \$50.00 da Departm 1, 2003	0	ADDITIONS/	CHANGES		☐ Addition
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SIGNATURE:

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