

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90024 008 ****50.00

DOCUMENT # L02000006158

1. Entity Name

CYPRESS BUSINESS SERVICES LLC



Principal Place of Business

**23540 WALDEN CENTER DR. #103
BONITA SPRINGS FL 34134**

Mailing Address

**23540 WALDEN CENTER DR. #103
BONITA SPRINGS FL 34134**

2. Principal Place of Business

21703 Windham Rd

3. Mailing Address

21703 Windham Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTCO FL

City & State

ESTCO FL

4. FEI Number

03-0417581

Applied For

Not Applicable

Zip

33928

Country

USA

Zip

33928

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KORECKI, RICHARD
23540 WALDEN CENTER DR. #103
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Richard Korecki

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

21703 Windham Rd

City

ESTCO

FL

Zip Code

33928

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]

(NOTE: Registered Agent signature required when reinstating)

1/8/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KORECKI, RICHARD	
STREET ADDRESS	23540 WALDEN CENTER DR. #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KORECKI, SUSAN	
STREET ADDRESS	23540 WALDEN CENTER DR. #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korecki, Richard	
STREET ADDRESS	21703 Windham Rd	
CITY-ST-ZIP	ESTCO, FL 33928	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korecki, Susan	
STREET ADDRESS	21703 Windham Rd	
CITY-ST-ZIP	ESTCO FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**

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

1/8/03

Date

239 947 8954

Daytime Phone #

CR2E083 (10/02)