

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/23/2003-90047-009-\$50.00-\$50.00

DOCUMENT # L02000006748

1. Entity Name

BECCA DEVELOPMENT, L.L.C.



FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J000000



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

501 GOODLETTE RD., STE. D-100
NAPLES FL 34102

501 GOODLETTE RD., STE. D-100
NAPLES FL 34102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
383645841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CUNNINGHAM, J. BRENDAN
501 GOODLETTE RD., STE. D-100
NAPLES FL 34102

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE AGENT/MANAGING MEMBER ☐ Delete
NAME LAO DEE, L.L.C.
STREET ADDRESS J. Brendan Cunningham
CITY-ST-ZIP 501 Goodlette Road Ste D-100

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

TITLE MEMBER ☐ Delete
NAME JOHANNES MARINUS BORSTLAP
STREET ADDRESS VOI SHOLLEI 61
CITY-ST-ZIP 2950 BRASSCHAAT, BELGIUM

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

TITLE MEMBER ☐ Delete
NAME KLAAS PATRICK ACHILLE VAN MEURS
STREET ADDRESS BINNEHOF 156
CITY-ST-ZIP 2930 BRASCHAAT, BELGIUM

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

TITLE MEMBER ☐ Delete
NAME VIVIAN AGATHA HEDWIG MARIA HEROLD
STREET ADDRESS SINT JANSBERG 5
CITY-ST-ZIP 3680 MAASEIK BELGIUM

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

TITLE MEMBER ☐ Delete
NAME KORNELIS MIJNDERT VOLKERS
STREET ADDRESS ZONNEDAUW 30
CITY-ST-ZIP 2970 s GRAVENWEZEL, BELGIUM

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

TITLE ☐ Delete
NAME
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 **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/03)