

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90097-030-\$550.00-\$550.00

DOCUMENT # L02000006844

1. Entity Name

ERC 1511, L.L.C.



FILED

03 OCT 13 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

~~625 SIMONTON ST.~~
KEY WEST FL 33040

~~625 SIMONTON ST.~~
KEY WEST FL 33040

2. Principal Place of Business

1511 TRUMAN AVE

Suite, Apt. #, etc.

3. Mailing Address

1511 TRUMAN AVE

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

Zip

33040

Country

4. FEI Number

02-0575177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CZAPLICKI, EDWARD
525 SIMONTON ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

1511 TRUMAN AVE

City

KEY WEST,

FL

Zip Code

33040

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

Edward R. Zaplicki
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/5/03
DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE: MANAGING MEMBER ☐ Delete
NAME: EDWARD R. CZAPLICKI
STREET ADDRESS: 1511 TRUMAN AVE.
CITY-ST-ZIP: KEY WEST, FL. 33040

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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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:

Edward R. Zaplicki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/5/03
Date

305 292-2230
Daytime Phone #

CR2E083 (4/03)