

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90022 028 ****50.00

DOCUMENT # L02000006891

1. Entity Name

GRASSY POINT ESTATES, LLC



Principal Place of Business

**1100 COMMERCIAL BOULEVARD, SUITE 118
NAPLES FL 34104**

Mailing Address

**1100 COMMERCIAL BOULEVARD, SUITE 118
NAPLES FL 34104**

55008780

2. Principal Place of Business

3. Mailing Address

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**



☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

267-93-2576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, DEAN A
1100 COMMERCIAL BOULEVARD, SUITE 118
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

**MGRM
ARNOLD, DEAN A
1100 COMMERCIAL BOULEVARD, SUITE 118
NAPLES FL 34104**

☐ Delete

10. ADDITIONS/CHANGES

**3073 SOUTH HORSESHOE DRIVE
SUITE 118
NAPLES, FLORIDA 34104**

☒ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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☐ Change ☐ Addition

*See Next page
for correct address*

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/3/03

239-643-6333

CR2E083 (10/02)