

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90270 005 \*\*\*\*55.00

0061693

**DOCUMENT # L02000007969**

1. Entity Name

**CAXAMBAS, LLC**



Principal Place of Business

**114 NEW MARKET ROAD EAST  
IMMOKALEE FL 34142**

Mailing Address

**POST OFFICE BOX 61462  
FORT MYERS FL 33906**

2. Principal Place of Business

**113 VANN CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PAXTON FL**

City & State

Zip

**32538**

Country

**U.S.A.**

Country

4. FEI Number

**65-6097102**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBERTS, JUDY R  
114 NEW MARKET ROAD EAST  
IMMOKALEE FL 34142**

7. Name and Address of New Registered Agent

Name **JUDY R. ROBERTS**

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

**113 VANN CIRCLE**

City **PAXTON**

**FL**

Zip Code

**32538**

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

*Judy R. Roberts*

(NOTE: Registered Agent signature required when reinstating)

DATE

**28 APRIL 2003**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ROBERTS, JUDY R**  
STREET ADDRESS **POST OFFICE BOX 61462**  
CITY-ST-ZIP **FORT MYERS FL 33906**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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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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:

*Judy R. Roberts*

**28 APRIL 2003**

**239-860-3553**

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

Date

Daytime Phone #

CR2E083 (10/02)