

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90038 025 ****50.00

DOCUMENT # L02000008030

1. Entity Name

478/106 TEQUESTA LIMITED LIABILITY CO.



Principal Place of Business

**478 TEQUESTA DR., APT. 106
TEQUESTA FL 33469**

Mailing Address

**478 TEQUESTA DR., APT. 106
TEQUESTA FL 33469**

20006576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA

City & State

TEQUESTA

Zip

Country

Zip

Country

4. FEI Number

134449851

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

7. Name and Address of New Registered Agent

**ROBBINS, HELEN I
478 TEQUESTA DR., APT. 106
TEQUESTA FL 33469**

Name

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

City **TEQUESTA**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBBINS, HELEN I
478 TEQUESTA DR., APT. 106
TEQUESTA FL 33469**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**APT, 209
TEQUESTA**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBBINS, ALAN T
4420 RIVERPINE CT.
TEQUESTA FL 33469**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBBINS, MICHAEL J
109 RT. 39
SOUTH SHERMAN CT 06784**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**109 RT. 39 SOUTH
SHERMAN CT 06784**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

CR2E083 (10/02)

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: Helen I. Robbins

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

1/7/03

Date

561-525-2760

Daytime Phone #