

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L02000008593

1. Entity Name  
COLACE, LLC



03 JAN -8 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
315 EAST NEW MARKET ROAD  
IMMOKALEE FL 34142

Mailing Address  
POST OFFICE BOX 3088  
IMMOKALEE FL 34143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

MALONEY, DANIEL J  
315 EAST NEW MARKET ROAD  
IMMOKALEE FL 34142

Name SHERYL A. WEISINGER  
Street Address (P.O. Box Number is Not Acceptable)  
315 EAST NEW MARKET RD  
City IMMOKALEE FL Zip Code 34142

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 SHERYL A. WEISINGER  
Signature, typed or printed name of registered agent and title if applicable.

*Sheryl A. Weisinger*  
(NOTE: Registered Agent signature required when reinstating)

1-6-03  
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	MGR	<input checked="" type="checkbox"/> Delete
NAME	MALONEY, DANIEL J	
STREET ADDRESS	315 EAST NEW MARKET ROAD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES / SECY / TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERYL A. WEISINGER	
STREET ADDRESS	315 EAST NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER DESSAN	
STREET ADDRESS	315 EAST NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	ASST TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK GUNN	
STREET ADDRESS	315 E NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sheryl A. Weisinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-6-03

239 657-4421

Date

Daytime Phone #

CR2E083 (10/02)