

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90004 037 ****50.00

DOCUMENT # L02000008669

1. Entity Name *SonsHANE VENTURES LLC*



DO NOT WRITE IN THIS SPACE

90158912

2. Principal Place of Business

12668 SW SUZY AVE
Suite, Apt. #, etc.

3. Mailing Address

12668 SW SUZY AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE SUZY, FL

City & State

LAKE SUZY, FL

4. FEI Number

75-3045712

Applied For

Not Applicable

Zip

34269

Country

USA

Zip

34269

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *DAVID BLOOD*

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

12668 SW SUZY AVE

City

LAKE SUZY

FL

Zip Code

34269

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. DAVID BLOOD 12668 SW SUZY AVE LAKE SUZY, FL 34269</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. JULIE BLOOD 12668 SW SUZY AVE LAKE SUZY, FL 34269</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

David Blood

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

9-22-03

Date

(941) 625-4301

Daytime Phone #

CR2E083B (12/02)