

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90609 027 \*\*\*\*50.00

**DOCUMENT # L02000009527**

1. Entity Name

C.D.P. STUCCO LLC



Principal Place of Business

21 NORTH ST.  
MARY ESTHER FL 32569

Mailing Address

21 NORTH ST.  
MARY ESTHER FL 32569

2. Principal Place of Business

Okaloosa

3. Mailing Address

21 North St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther

City & State

Mary Esther FL

Zip

32569

Country

Okaloosa

Zip

32569

Country

U.S.

4. FEI Number

03-0417615

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

PERRY, CHRISTIAN D  
21 NORTH ST.  
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

Christian Perry  
21 North St

Mary Esther FL

City

Mary Esther

FL

Zip Code

32569

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

TITLE NAME ☐ Delete

Manager  
Christian Perry  
21 North St  
Mary Esther FL 32569

TITLE NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

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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:

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4-4-03 850-243-7151

CR2E083 (10/02)