

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90123 020 ****50.00

DOCUMENT # L02000009778

1. Entity Name

RAEMARK PROPERTY MANAGEMENT, LLC



Principal Place of Business

**3506 RED MOUNTAIN DR.
FT. COLLINS CO 80525**

Mailing Address

**3506 RED MOUNTAIN DR.
FT. COLLINS CO 80525**

2. Principal Place of Business

2401 Cochetopa Court

3. Mailing Address

2401 Cochetopa Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Collins, Co.

City & State

Ft. Collins, Co.

4. FEI Number

020592846

Applied For

Not Applicable

Zip

80525

USA

Zip

80525

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTWELL, JAMES
536 CENTURY DR.
LARGO FL 33771**

Name

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

City

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**morm
MARK ROGERS, SR.
2401 Cochetopa Court
Ft. Collins, Co 80525**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: MARK ROGERS, SR.

Date

Daytime Phone #

**970-377-3559
8-25-2003**

CR2E083 (4/03)