

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90608 010 ****50.00

DOCUMENT # L02000009834

1. Entity Name

SUGARBEACH DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business

**977 NORTH FERDON AVE.
CRESTVIEW FL 32536**

Mailing Address

**977 NORTH FERDON AVE.
CRESTVIEW FL 32536**

2. Principal Place of Business

6465 N. QUAIL HOLLOW RD

3. Mailing Address

P.O. BOX 38095

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

City & State

MEMPHIS, TN

City & State

GERMANTOWN, TN

Zip

38120

Country

USA

Zip

38183

Country

USA

4. FEI Number

04-3655136

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

**ANCHORS, MICHELLE
909 MAR WALT DRIVE
SUITE 1014
FT. WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RICCI, L. TRUSTEE**
STREET ADDRESS **P.O. BOX 38095**
CITY-ST-ZIP **GERMANTOWN TN 38183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

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

L. RICCI TRUSTEE 4/3/03 901-271-3705

Date

Daytime Phone #

CR2E083 (10/02)