

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90257 004 ****50.00

DOCUMENT # L02000009991

1. Entity Name
LARUS PROPERTIES L.L.C.



Principal Place of Business
**3511 PLOVER AVE., STE. 101
NAPLES FL 34117**

Mailing Address
**3511 PLOVER AVE., STE. 101
NAPLES FL 34117**

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

04-3648236

Applied For

Not Applicable

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

**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR.
CLEARWATER FL 33761**

Name **LARRY A. WOLNY**
Street Address (P.O. Box Number is Not Acceptable)
491 31ST NW

City **Naples** **FL** Zip Code **34120**

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 Changing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
MGR	WOLNY, LARRY A.	3511 PLOVER AVE., STE. 101	NAPLES FL 34117	☐					☐	☐
MGR	WOLNY, RUSTY	3511 PLOVER AVE., STE. 101	NAPLES FL 34117	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2ED83 (10/02)