

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000011530

1. Entity Name

REVOLUTIONS II, LLC



FILED

2003 APR 21 PM 4:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~641 PINE TREE ROAD
WINTER PARK FL 32789~~

641 PINE TREE ROAD
WINTER PARK FL 32789

Principal Place of Business

Mailing Address

1810 Semoran Blvd.

3300 University Blvd.

Suite, Apt. #, etc.

Suite 124

Suite, Apt. #, etc.

Suite 218

City & State

Winter Park, FL

City & State

Winter Park FL

Zip
32792

Country

USA

Zip

32792

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

HADDOCK, EDWARD E JR.
~~3200 UNIVERSITY BLVD., SUITE 210
WINTER PARK FL 32792~~

Name

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

3300 University Blvd.
Suite 218

City

Winter Park

FL

Zip Code

32792

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

Edith K. Murphy
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/10/03
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
MGR
MURPHY-HADDOCK, EDITH K
641 PINE TREE ROAD
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800016379358
04/21/03--01035--043 **\$5.00 ☐ Change ☐ Addition

TITLE
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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:

Edith K. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/03 407-679-6171
Date Daytime Phone #

CR2E083 (10/02)