

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90043 021 ****50.00

DOCUMENT # L02000011662

1. Entity Name

MOUNTAIN GARDEN, LLC



Principal Place of Business

**760 NE 28TH AVENUE
POMOANO BEACH FL 33062**

Mailing Address

**760 NE 28TH AVENUE
POMOANO BEACH FL 33062**

40020480

2. Principal Place of Business

400 Antler Ridge Rd.

3. Mailing Address

PO Box 4760

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Whitefish, MT

City & State

Whitefish, MT

Zip

Country

59937

Zip

Country

59937

4. FEI Number

02-0605993

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

7. Name and Address of New Registered Agent

**RICHARDSON, PAMELA J
760 NE 28TH AVENUE
POMOANO BEACH FL 33062**

Name

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

777 E. Atlantic Ave

Suite 2, #320

City **Delray Beach**

FL

Zip Code **33483**

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 *Pamela J. Richardson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

**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 **MGR** ☐ Delete
NAME **RICHARDSON, PAMELA J**
STREET ADDRESS **760 NE 28TH AVENUE**
CITY-ST-ZIP **POMOANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
NAME **777 E. Atlantic Ave, Suite 2, #320**
STREET ADDRESS **Delray Beach FL 33483**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **RICHARDSON, DANIEL J JR.**
STREET ADDRESS **760 NE 28TH AVENUE**
CITY-ST-ZIP **POMOANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
NAME **777 E. Atlantic Ave, Suite 2, #320**
STREET ADDRESS **Delray Beach FL 33483**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

1/24/03

9544845478

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

Date

Daytime Phone #

CR2E083 (10/02)