DOCUMENT #L02000012126

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1. Entity Nam		HOMES, LLC					04-30-2003 901	90 046 ****50	.00	
Principal Place of Business			Mailing Address			EEHK 2022				
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							N ON BOOK NOW HE WAS TO SERVE THE SERVE OF T			
2. Principal Place of Business 704 Eagle Pointe South Suite, Apt. #. etc.			3. Mailing Address 704 Eagle Pointe South Suite, Apt. #, etc.							
outo, ript.	w, C.C.		Guilo, Apt. #, Cto.				CHECK HERE IF M	_	_	
City & State Kissimmee, Florida			City & State Kissimmee, Florida			4. FEI Number i ed for 196 3366 Not Applied For Not Applicable				
Zip 34746 Country USA		Zip 34746	Country USA		5. Certificate of Status Desired S5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
THURTHOUSECATOS_					Coromoto_Zoghbi Street Address (P.O. Box Number is Not Acceptable)					
	NDO FLES						Fagle Pointe South			
						 				
	· .		_	City	City Kissimmee FL			FL 21347	$\frac{2}{4}$ 6	
	ions of regist	y submits this statement for the ered agent. Grant Gr	,	registered office or			oth, in the State of Florida	. I am familiar with,	and accept	
			FILE NO Make Check Payable	W!!! FEE IS \$	50.00 partment				. <u>-</u> _	
9.		MANAGING MEMBERS	/MANAGERS	10.			ADDITIONS/CHA	ANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1401-A	er ThurdeKoos Edgewater Dr. do, FL 32804	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Core 704	omoto 2 Eagle	resident Zoghbi Pointe South FL 34746	☐ Change	Addition	
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TITLE			☐ Delete	TITLE				☐ 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 prostee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY~ST-ZIP

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

407-787-0077

☐ Change

Addition

attachment

L02000012126

FLORIDA SPLENDID HOMES, LLC PO BOX 547370 ORLAN D, FL 32854	30063955 208 25, 2003 63-943/631 Branch 87810
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SouthTrust Bank Orlando, FL FOR # LO200012126	Conso Frankillas
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