

FILED
Apr 04, 2003 8:00 am
Secretary of State

01-14-2003 90038 004 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000012410

1. Entity Name
FMC REALTY, LLC.



55022279

Principal Place of Business
1317 WEST POINT DRIVE
COCOA FL 32922

Mailing Address
1317 WEST POINT DRIVE
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number 01-0704942

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

KNAPPMAN, JOHN W
2404-D N COURTENAY PARKWAY
MERRITT ISLAND FL 32953

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, the registered agent.

SIGNATURE

[Signature] J. P. O. O. / Admins. Sec.

DATE

1/8/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

KNAPPMAN, JOHN W.
2404-D N. COURTENAY PKWY
MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBER
KNAPPMAN, JOHN W.
2404-D N. COURTENAY PKWY
MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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)(f), 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

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

Date

Daytime Phone

JOHN W. KNAPPMAN, M.D.

REGISTERED AGENT

FMC REALTY, LLC.

CR2E033 (10/02)