

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503272900070  
9/26/2003-90002-019-\$50.00-\$50.00

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DOCUMENT # L02000012870



FILED

2003 OCT -8 AM 10:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. Entity Name

SAINT HERITAGE, LLC

Principal Place of Business

295 CEDER GROVE ROAD  
JONESVILLE SC 29353  
US

Mailing Address

295 CEDER GROVE ROAD  
JONESVILLE SC 29353  
US

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

06-1679205

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

OSSORIO, GRAEME  
2863 AIRPORT ROAD SOUTH  
D-109  
NAPLES FL 32112

7. Name and Address of New Registered Agent

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGR  
NAME: MASON, BETTY  
STREET ADDRESS: 295 CEDER GROVE ROAD  
CITY-ST-ZIP: JONESVILLE SC 29353

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

9/24/02

Daytime Phone #

CR2083 (4/03)