

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90078 042 \*\*\*\*50.00

**DOCUMENT # L02000014226**

1. Entity Name

**MIST INVESTMENTS, III, L.L.C.**



Principal Place of Business

**2180 MAIN STREET  
SARASOTA FL 34237**

Mailing Address

**2180 MAIN STREET  
SARASOTA FL 34237**

**20018106**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**46 N. Washington Blvd**

3. Mailing Address

**46 N. Washington Blvd**

Suite, Apt. #, etc.

**Suite 21A**

Suite, Apt. #, etc.

**Suite 21A**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**

Zip

**34236**

Country

**USA**

4. FEI Number

**04-3683696**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DELPECH, MELINDA  
2180 MAIN STREET  
SARASOTA FL 34237**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Melinda Delpech</b>	<b>46 N. Washington Blvd, Suite 21A</b>	<b>Sarasota FL 34236</b>		
	<b>Mike Swirsky</b>	<b>46 N. Washington Blvd, Suite 21A</b>	<b>Sarasota FL 34236</b>		
	<b>Steve Swirsky</b>	<b>46 N. Washington Blvd, Suite 21A</b>	<b>Sarasota FL 34236</b>		

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**

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

Date

Daytime Phone #

CR2E083 (10/02)