

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90078 044 ****50.00

DOCUMENT # L02000014227

1. Entity Name

MIST INVESTMENTS II, L.L.C.



Principal Place of Business

**2180 MAIN STREET
SARASOTA FL 34237**

Mailing Address

**2180 MAIN STREET
SARASOTA FL 34237**

20018104



☐ 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

4. FEI Number

04-3683684

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Melinda Delpech**

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

46 N. Washington Blvd Suite 21A

City **Sarasota**

FL

Zip Code

34236

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

1/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **~~Delinda Delpech~~** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **Melinda Delpech**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **Sarasota, FL 34236 MGRM**

TITLE ☐ Change ☐ Addition
NAME **Michael Swirsky**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **Sarasota, FL 34236 MGRM**

TITLE ☐ Change ☐ Addition
NAME **Steve Swirsky**
STREET ADDRESS **46 N. Washington Blvd, Suite 21A**
CITY-ST-ZIP **Sarasota FL 34236 MGRM**

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

TITLE ☐ Change ☐ Addition
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

1/17/03

(941) 365-4476

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

Date

Daytime Phone #

CR2E083 (10/02)