

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90032 011 ****55.00

DOCUMENT # L02000014408

1. Entity Name
SANIBEL SCUBA, LLC



Principal Place of Business
**15031 PUNTA RASSA #705
FORT MYERS FL 33908**

Mailing Address
**15031 PUNTA RASSA #705
FORT MYERS FL 33908**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
15241 SONOMA DR.

3. Mailing Address
15241 SONOMA DR.

Suite, Apt. #, etc.
302

Suite, Apt. #, etc.
302

City & State
FT. MYERS, FL

City & State
FT. MYERS, FL

Zip
33908

Country
USA

Zip
33908

Country
USA

4. FEI Number
04-3688498

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

**SPROTTE, RUSSELL
15031 PUNTA RASSA #705
FORT MYERS FL 33908**

Name **SPROTTE, RUSSELL**
Street Address (P.O. Box Number is Not Acceptable)
**15241 SONOMA DRIVE
#302**

City **FT. MYERS** FL Zip Code **33908**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SPROTTE, RUSSELL**
STREET ADDRESS **15031 PUNTA RASSA #705**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SPROTTE, RUSSELL**
STREET ADDRESS **15241 SONOMA DR. #302**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **SPROTTE, DOUGLAS**
STREET ADDRESS **16100 BAY POINT BLVD. #E105**
CITY-ST-ZIP **N. FT. MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **SHIN-SPROTTE, TAMMY**
STREET ADDRESS **15241 SONOMA DR. #302**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

3/13/03 (239) 267-2435
Date Daytime Phone #

CR2E083 (10/02)