

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-08-2003 90060 008 ****50.00

DOCUMENT # L02000014425

1. Entity Name

2363 LLC



Principal Place of Business

**2363 S.E. OCEAN BOULEVARD
STUART FL 34996**

Mailing Address

**2363 S.E. OCEAN BOULEVARD
STUART FL 34996**

55055231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIFKIN, AVRON C ESO
800 S.E. MONTEREY COMMONS BLVD. STE. 200
STUART, FL 34996**

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 reappointing)

8-26-03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Richard C. Geisinger, Jr.
2363 SE Ocean Boulevard
Stuart, FL 34996**

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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☐ 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)(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:

Richard C. Geisinger, Jr.

REQUIRED

Richard C. Geisinger, Jr.

7/28/03

772/215-1094

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

Date

Daytime Phone #

CR2E083 (4/03)

attachment

55055231

#L02000014425

August 26, 2003

2363 LLC
2363 SE Ocean Boulevard
Stuart, FL 34996
Mailing Address: 8 Castle Hill Way
Sewalls Point, FL 34996

Annual Reports Section
Florida Department of State
Division Of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed per your request is a corrected annual report/uniform business report for 2363 LLC.

The original check for \$50.00 was not returned to me, it is my understanding that your Department still retains the check awaiting return of the corrected report.

If there are any questions, you may contact me at 772/215-1094

Sincerely,



Richard C. Geisinger, Jr.