

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90105 012 \*\*\*\*50.00

0008872

**DOCUMENT # L02000014577**

1. Entity Name

**UNLIMITED VENTURES L.L.C.**



Principal Place of Business

**222 WILSHIRE BLVD.  
CASSELBERRY FL 32707**

Mailing Address

**222 WILSHIRE BLVD.  
CASSELBERRY FL 32707**

**90158045**



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

**300088388**

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

**EYER, JASON J  
1262 MARINA PT.  
CASSELBERRY FL 32707**

**8024 Lesia Circle**

7. Name and Address of New Registered Agent

Name

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

**8024 Lesia Circle**

City

**Orlando**

FL

Zip Code

**32835**

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

TITLE **MGR** ☐ Delete  
NAME **ADAMS, KARA S**  
STREET ADDRESS **1262 MARINA PT**  
CITY-ST-ZIP **8024 CASSELBERRY FL 32707**

TITLE **MRG** ☐ Delete  
NAME **EYER, JASON J**  
STREET ADDRESS **1262 MARINA PT.**  
CITY-ST-ZIP **8024 CASSELBERRY FL 32707**

TITLE ☐ Delete  
NAME **Danny Irizarry**  
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 **8024 Lesia Circle**  
STREET ADDRESS **Orlando FL 32835**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **8024 Lesia Cir**  
STREET ADDRESS **Orlando FL 32835**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Manager Daniel Irizarry**  
STREET ADDRESS **8024 Thompson Sq.**  
CITY-ST-ZIP **Orlando FL 32807**

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:**

**REQUIRED**

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

Date

Daytime Phone #

CR2E083 (4/03)