

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

09-09-2003 90019 001 ****55.00

DOCUMENT # L02000015768

1. Entity Name

MARTIN LABBE ASSOCIATES, LLC



Principal Place of Business

Mailing Address

555 WEST GRANADA BLVD., STE. F-11
ORMOND BEACH FL 32174

555 WEST GRANADA BLVD., STE. F-11
ORMOND BEACH FL 32174

35056969

2. Principal Place of Business

555 W GRANADA Blvd

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F-11

City & State

ORMOND BEACH FL

City & State

4. FEI Number

03-0472338

Applied For

Not Applicable

Zip

Country

Zip

Country

32174

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABBE, MARTIN

555 WEST GRANADA BLVD., STE. F-11
ORMOND BEACH FL 32174

Name

MARTIN LABBE

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

555 W. GRANADA BLVD

F-11

City

ORMOND BEACH

FL

Zip Code

32174

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

Martin Labbe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-25-03

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
MARTIN B. LABBE
555 W. GRANADA BLVD F-11
ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

Martin Labbe

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

8-25-03

Date

386 672 4413

Daytime Phone #

CR2E083 (4/03)