

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503117901080
4/21/2003-90118-044-\$50.00-\$50.00 *

DOCUMENT # L02000017128

1. Entity Name

THE REALTY CORPORATION OF FLORIDA, LLC



FILED

2003 OCT -8 AM 9:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~500 SPOONBILL CT~~
~~WINTER SPRINGS FL 32708~~

~~500 SPOONBILL CT~~
~~WINTER SPRINGS FL 32708~~

2. Principal Place of Business

3. Mailing Address

208 RIVERBEND CT.

208 RIVERBEND CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

Longwood, FL

Zip

Country

Zip

Country

32779

US

32779

US

4. FEI Number

32-0023513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINGSLEY, MARK P
~~500 SPOONBILL CT~~
~~WINTER SPRINGS FL 32708~~

Name

MARK P. KINGSLEY

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

208 RIVERBEND COURT

City

Longwood

FL

Zip Code

32779

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

10. ADDITIONS/CHANGES

TITLE Pres. MARK P. KINGSLEY
NAME
STREET ADDRESS 208 RIVERBEND CT
CITY-ST-ZIP Longwood, FL 32779 ☐ Delete

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

TITLE V.P. ERIN J. KINGSLEY
NAME
STREET ADDRESS 208 RIVERBEND CT
CITY-ST-ZIP Longwood, FL 32779 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

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

Date

Daytime Phone #

1/9/03 467/645-2000

CR2E083 (4/03)