

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90122 019 ****50.00

DOCUMENT # L02000018006

1. Entity Name

STRONG CORNER INVESTMENTS, LLC



Principal Place of Business

**C/O JAMES A. SPENCER, JR.
3023 SW 141ST TERRACE
DAVIE FL 33330**

Mailing Address

**C/O JAMES A. SPENCER, JR.
3023 SW 141ST TERRACE
DAVIE FL 33330**

44002762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

47-0878001

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

**SPENCER, JAMES A JR.
3023 SW 141ST TERRACE
DAVIE FL 33330**

7. Name and Address of New Registered Agent

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 use 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

TITLE **Manager** ☐ Delete
NAME **Tanya Spencer**
STREET ADDRESS **3023 SW 141 Terrace**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **Manager** ☐ Delete
NAME **James A Spencer Jr**
STREET ADDRESS **3023 SW 141 Terrace**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
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 **Manager** ☐ Change ☐ Addition
NAME **~~James A Spencer Jr~~ Tanya Spencer**
STREET ADDRESS **3023 SW 141 Terrace**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **Manager** ☐ Change ☐ Addition
NAME **James A. Spencer Jr**
STREET ADDRESS **3023 SW 141 Terrace**
CITY-ST-ZIP **DAVIE FL 33330**

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

TITLE ☐ Change ☐ Addition
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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 EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/03

Date

954-385-1245

Daytime Phone #

CP2E083 (10/02)