

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90060 007 ****50.00

DOCUMENT # L02000018354

1. Entity Name

Mashpee Group, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8715 Lansmere Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1361
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando Florida

City & State
Windermere Florida

4. FEI Number

Applied For
☒ Not Applicable

Zip Country
32835

Zip Country
34786

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kristen M. Jackson

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

5401 S. Kirkman Rd., Suite 310

City Orlando

FL

Zip Code 32819

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

Kristen M. Jackson

05/01/2003

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager
Radulovic, Zorica
8715 Lansmere Lane
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

05/01/2003

407-363-9020

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

Date

Daytime Phone #

CR2E083B (12/02)