

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90017 044 \*\*\*\*50.00

**DOCUMENT # L02000018470**

1. Entity Name  
**ENGEL DEVELOPMENT LLC**



Principal Place of Business  
**360 FRANKLYN AVENUE  
INDIALANTIC FL 32903**

Mailing Address  
**360 FRANKLYN AVENUE  
INDIALANTIC FL 32903**

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

**71-0894458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ENGEL, CHRISTOPHER  
360 FRANKLYN AVENUE  
INDIALANTIC FL 32903**

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 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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete  
NAME **Christopher Engel**  
STREET ADDRESS **360 Franklyn Avenue**  
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **Member** ☐ Delete  
NAME **Deborah K. Engel**  
STREET ADDRESS **360 Franklyn Avenue**  
CITY-ST-ZIP **Indialantic, FL 32903**

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

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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]* SIGNATURE REQUIRED**

**3-1303**

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

SS026067

# 102000018470

13003 Harbour Ridge Blvd.

Palm City, FL 34990

4-14-03

Attn: Michelle Hodges:

Confirming our telephone  
conversation today - The  
check for \$50<sup>00</sup> (cash 3-13) has  
been sent to you.

Thank you.

Sincerely,

Nancy D. Kurth

Bulk Specialties