

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018092

DOCUMENT # L02000018609

1. Entity Name

RETURN TO EDEN, LLC



FILED

2003 OCT -3 PM 1:40

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

P O BOX 1368
AUBURDALE FL 33823

Mailing Address

P O BOX 1368
AUBURDALE FL 33823

2. Principal Place of Business

2200 Lake Lena Blvd

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1368

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip

33823

Country

USA

City & State

Auburndale, FL

Zip

33823

Country

USA

4. FEI Number

35-2158671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, SHELLIE L
2200 LAKE LENA BLVD
AUBURDALE FL 33823

7. Name and Address of New Registered Agent

Name

N/A

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

600023526356

10/03/03--01012--010 **50.00

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: Shellie L. Arnold
STREET ADDRESS: 2200 Lake Lena Blvd
CITY-ST-ZIP: Auburndale, FL 33823

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change

☐ Addition

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CITY-ST-ZIP:

☐ Change

☐ Addition

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☐ Change

☐ Addition

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☐ Delete

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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: [Signature]

9-23-03 863-965-0924

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

Date

Daytime Phone #

CR2E083 (4/03)