2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # L02000018979 1. Entity Name ECLIPSE ALL STARS, L.L.C.						04-09-200	3 90038	022 ***]	150.00	
Principal Plac	ce of Business	Mailing Address	Mailing Address							
4010 N.W. 27TH LANE GAINESVILLE FL 32606		4010 N.W. 27TH LANE GAINESVILLE FL 32606								
[180 46 0 m	O LORAD LOCAL PA	ALE FAN IAR	
2. Principal Place of Business		3. Malling Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Cour	ntry	5. Certificate of Status Desired St.00 Add		ditional	-		
	8. Name and Address of Current	Registered Agent						Fee Required		
	*************************	رستان ورساست	_Name	7. Name and Address of New Registered Agent						
BENNETT, UNDA 4010 N.W. 27TH LANE GAINESVILLE FL 32606			•		Street Address (P.O. Box Number is Not Acceptable)					_
i	,,,			City	·	·				
						FL Zip C		Zip Cod	е	1
8. The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing	lts register	ed office or regis	tered agent, or I	ooth, in the State of Flo	rida. I am f	amiliar with,	and accept	7
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (N	OTE: Registere	d Agent aignature requ	red when reinstating)		DATE			
				FEE IS \$50.00						1,
		Make Check Paya	ble to Fi	orida Departm						-
				ay 1, 2003						_
mle D	MANAGING MEMBE	ERS/MANAGERS Delete	10.			ADDITIONS/	CHANGES	Change	Addition	18
NAME	Bennett Linda		NAM	J				Citalige	T udilition	CR2E083 (10/02
STREET ADDRESS	4016 NW 37 Len	اب مار مار		ET ADDRESS						8
CITY-ST-ZIP	Gainesuille FL									18
TITLE D	Bennett Phillip	ennett Phillip Delete						Change	☐ Addition	5
STREET ADDRESS	4010 NW27 Care	-	NAM. Stre	ET ADDRESS						{
CITY-ST-ZIP	4010 NW27 Cane Gainesville FL 3	2606	CITY	-ST-ZIP						J
TITLE		☐ Delete	TITLE	l l				☐ Change	Addition	Ţ.
STREET ADDRESS	يزير ومخساه مبدونيك ارباه تنخيب بالمسادر ارسا		NAM ۽ جي. Stoc	ET ADDRESS	The state of the s	- 200 <u>- 200 - 200</u>				
CITY-SI-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE			 		☐ Change	☐ Addition	1.
NAME			NAME	1)
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP						
TITLE		□ Colete	TITLE					☐ Change	☐ Addition	1
NAME	· 🗀 Delete		NAME	j				- vienige		1
STREET ADDRESS			1	ET ADDRESS						1
CITY-ST-ZIP				·ST- ZIP					—	4
TITLE NAME		☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS				ET ADDRESS						1
CITY-ST-ZIP	<u> </u>		CITY-	ST-ZIP						
indicated	certify that the information supplied with on this report is true and accurate and bility company of the receiver or trustes	that my signature shall have	e the same	legal effect as If	made under oat	h; that i am a managir	further certil ng member	ly that the in or manager	formation of the	