

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

192

DOCUMENT # L02000019660

1. Entity Name

ST. LAWRENCE LOTS LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:17

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

ST. LAWRENCE LOTS LLC

3. Mailing Address

110 NE TWYLITE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PORT ST. LUCIE

City & State  
PORT ST. LUCIE

4. FEI Number 30-0103434

Applied For

Not Applicable

Zip  
34983

Country  
USA

Zip  
34983

Country  
USA

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 LARRY S KABINOFF

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

110 NE TWYLITE TERRACE

City PORT ST. LUCIE

FL

Zip Code  
34983

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.

LARRY S. KABINOFF

10-6-2003

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

MEM  
LARRY KABINOFF  
110 NE Twylite Terr.  
PORT ST. LUCIE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LARRY S. KABINOFF

10-6-2003 561-707-6967

Date

Daytime Phone #

CR2E083B (12/02)

25

F A X C O V E R L E T T E R

2 of 2

PLEASE DELIVER TO:

BRENDA / DIVISION OF CORP.

**ST. LAWRENCE LOTS**

A REAL ESTATE COMPANY

Date: Tuesday, 15 October, 2003

PH # 850-410-1015

pages 1

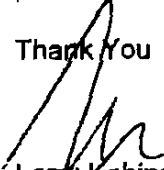
**"ALL WE SELL IS LOTS"**

Total number of pages including cover: \_\_\_\_\_

Brenda:

Following is a letter to certify that St. Lawrence Lots LLC has never recieved UBR in order to keep the company in active statis. Please accept our appologis as we have worked out our mail - problem and this will never happen again.

Thank You

  
Larry Kabinoff  
Manager / President  
Office 772-344-3669  
Fax 772-785-9037

see attached:

LK/jv  
cc/file  
cc/ Bd. of Realtors

St. Lawrence Lots • 110 N.E. Twylite Terrace • Port St. Lucie, FL 34983

**LOCAL**

Telephone: 772-344-3669

Fax: 772-785-9037

**TOLL FREE**

Telephone: 1-800-523-2095

Fax: 1-800-523-2132