

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-02-2003 90584 048 *****50:00
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DOCUMENT # L02000020089

1. Entity Name

LANDCO INVESTMENTS, LLC



03 MAY 28 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7602 MARBLEHEAD LANE
PARKLAND FL 33067

Mailing Address

7602 MARBLEHEAD LANE
PARKLAND FL 33067

2. Principal Place of Business

3300 University Dr

3. Mailing Address

3300 University Dr

Suite, Apt. #, etc.

Ste 001

Suite, Apt. #, etc.

Ste 001

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065 USA

Zip

33065

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: CORA DiFiore

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

3300 University Dr

City

Coral Springs

FL

Zip

33065

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

Cora DiFiore

4-29-03

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: MGRM
NAME: JAN ICKOVIC
STREET ADDRESS: 1001 N.W. 60TH STREET
CITY-ST-ZIP: PARKLAND, FL 33076

☐ Delete

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NAME:
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10. ADDITIONS/CHANGES

TITLE:
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☐ Change ☐ Addition

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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)(f), 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 606, Florida Statutes.

SIGNATURE:

Cora DiFiore

4-29-03

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

Date

Daytime Phone #

CR2E083 (10/02)