

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90251 001 ****50.00

DOCUMENT # L02000022148

1. Entity Name

GOLF CART WORLD, LLC



Principal Place of Business

**141 SEA WINDS DRIVE
SANTA ROSA BEACH FL 32459**

Mailing Address

**141 SEA WINDS DRIVE
SANTA ROSA BEACH FL 32459**

20016900



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

P.O. Box 1738

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA ROSA BEACH FL

4. FEI Number

63-0935103

Applied For

Not Applicable

Zip

Country

Zip

Country

32459

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORATH, SHANNON L ESQ.
2441 U.S. HWY 98 E
108
SANTA ROSA BEACH FL 32459**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PELLEGRINI, JAY SR.
141 SEA WINDS DRIVE
SANTA ROSA BEACH FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(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

Date

Daytime Phone #

Jay A Pellegrini, Sr. 1-800 1-22-03 252-2171
8-617

CR2E083 (10/02)