

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-06-2003 90002 004 ****50.00

DOCUMENT # L02000022996

1. Entity Name

LASER MATIC, L.L.C.



Principal Place of Business

**474 4TH PLACE S.W.
VERO BEACH FL 32962**

Mailing Address

**474 4TH PLACE S.W.
VERO BEACH FL 32962**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2071598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEC CONSULTANTS, INC.
5070 HIGHWAY A1A, NORTH, SUITE 221
VERO BEACH FL 32963-1216**

7. Name and Address of New Registered Agent

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

TITLE NAME
NAME **MGRM**
STREET ADDRESS **KNUDSEN, VIRGINIA L**
CITY-ST-ZIP **4116 13TH STREET
VERO BEACH FL 32962** ☐ Delete

TITLE NAME
NAME **MGRM**
STREET ADDRESS **LANIER, JOHN W**
CITY-ST-ZIP **196 13TH AVENUE
VERO BEACH FL 32962** ☐ Delete

TITLE NAME
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Date

3/4/03

477-778-5969

Daytime Phone #

CR2E083 (10/02)