

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 08, 2003 8:00 am
Secretary of State

04-16-2003 90031 010 ****50.00

DOCUMENT # L02000023302

1. Entity Name
PEGASUS PROPERTIES, LLC



Principal Place of Business
**757 TROPICAL CIRCLE
SARASOTA FL 34242**

Mailing Address
**757 TROPICAL CIRCLE
SARASOTA FL 34242**

55038999



2. Principal Place of Business
As Above

3. Mailing Address
As above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~(888)~~ **11-3652577**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BUCKNELL, PHILIP
757 TROPICAL CIRCLE
SARASOTA FL 34242**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BUCKNELL, PHILIP
757 TROPICAL CIRCLE
SARASOTA FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BUCKNELL, LINDSAY
757 TROPICAL CIRCLE
SARASOTA FL 34242** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

4/15/03

Date

941-346 2509

Daytime Phone #

CR2E083 (10/02)

Attachment

#L080003302
55038999

PHILIP and LINDSAY BUCKNELL

757 TROPICAL CIRCLE, SIESTA KEY, FLORIDA 34242

Tel: (941) 346-2509 • E-mail: pbucknell27@aol.com

5/5/03

Please find attached Uniform Business Report with my FEI Number added

Thank you

Lindsay Bucknell