

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90117 028 \*\*\*\*50.00

**DOCUMENT # L02000023644**



1. Entity Name  
**ORLANDO POND LINERS, LLC**

Principal Place of Business  
**2214 METROPOLITAN WAY. #1011  
ORLANDO FL 32839**

Mailing Address  
**2214 METROPOLITAN WAY. #1011  
ORLANDO FL 32839**

**20000473**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FET Number

Applied For

**32-0042569**

Not Applicable

Zip

Country

Zip

Country

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

**HARRISON, CHARLES R ESQUIRE  
1413 TROVILLION AVENUE  
WINTER PARK FL**

Name

**April Robinson**

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

**2214 Metropolitan way #1011**

City

**Orlando**

FL

Zip Code

**32839**

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

**April Robinson**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-5-03**

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	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>mGRM April Robinson 2214 metropolitan way #1011 Orlando FL 32839</b>		
<b>mGRM Mac Robinson P.O. Box 165 Garden, MI 49835-0165</b>		
<b>mGRM Larry Anderson 1114 Glenwood Dr. Mt. Pleasant, MI 48858</b>		

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**

**1-5-03**

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

Date

Daytime Phone #

CR2E083 (10/02)