

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90064 019 *****55.00

0010204

DOCUMENT # L02000023828

1. Entity Name

METROFIRST, LLC



Principal Place of Business

Mailing Address

**4125 TOWN CENTER BOULEVARD
ORLANDO FL 32837**

**4125 TOWN CENTER BOULEVARD
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

27-0029494

Applied For

Not Applicable

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

**FREY, CHARLES C
4125 TOWN CENTER BOULEVARD
ORLANDO FL 32837**

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

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

CHARLES C. FREY

(NOTE: Registered Agent signature required when reinstating)

DATE **7/31/03**

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FREY, CHARLES C**
STREET ADDRESS **4125 TOWN CENTER BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **MGRM** ☐ Delete
NAME **DESAI, VINCENT**
STREET ADDRESS **9111 PHILLIPS GROVE TERRACE**
CITY-ST-ZIP **ORLANDO FL 32836**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Charles C. Frey
SIGNATURE REQUIRED CHARLES C. FREY

Date

Daytime Phone #

321-377

1361

CR2E083 (4/03)