

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90002 019 ****50.00

DOCUMENT # L02000023832

1. Entity Name

ST. DAN, L.L.C.



Principal Place of Business

1380 GRAND HIGHWAY, SUITE 200
CLERMONT FL 34711

Mailing Address

1380 GRAND HIGHWAY, SUITE 200
CLERMONT FL 34711

2. Principal Place of Business

548 US Hwy 27

Suite, Apt. #, etc.

SUITE C

City & State

CLERMONT, FL

Zip

34711

Country

US

3. Mailing Address

548 US Hwy 27

Suite, Apt. #, etc.

SUITE C

City & State

CLERMONT, FL

Zip

34711

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2293253

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYETTE, KENNETH W JR
1380 GRAND HIGHWAY, SUITE 200
CLERMONT FL 34711

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 MGR
NAME HESSBURG, DANIEL J
STREET ADDRESS 1380 GRAND HIGHWAY, SUITE 200
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 548 US HIGHWAY 27, SUITE C
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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

Date

3/28/03

Daytime Phone #

352-394-1894

CR2E083 (10/02)