

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503258901141
9/11/2003-90043-018-\$55.00-\$55.00

DOCUMENT # L020000024667

1. Entity Name
MIRAMAR 66 LLC



FILED

2003 OCT -3 PM 2:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1 WINDRUSH BLVD
#74
INDIAN ROCKS BEACH FL 33785
PI**

Mailing Address
**P.O. BOX 1261
INDIAN ROCKS BEACH FL 33785
PI**

2. Principal Place of Business
**1 Windrush Blvd
Suite, Apt. #, etc.
#74**

3. Mailing Address
**P.O. Box 1261
Suite, Apt. #, etc.**

City & State
Indian Rocks Beach FL

City & State
Indian Rocks Beach FL

Zip
FL

Country
PI

Zip
33785

Country
PI

4. FEI Number
68-0522407

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HEWETT, EDWARD R
1 WINDRUSH BLVD
#74
INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent
Name **Edward R Hewett**
Street Address (P.O. Box Number is Not Acceptable) **1 Windrush Blvd #74**
City **Indian Rocks Beach FL** Zip Code **33785**

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 **Edward R Hewett** **Edward R Hewett** **9/27/03**
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member NAME Ken Hewett STREET ADDRESS 2809 East Central Blvd CITY-ST-ZIP Olando FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Edward R Hewett** **9/27/03** **727-642-1666**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (4/03)