2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024856

1. Entity Name

NOTRE FAMILLE OF NAVARRE LLC

STATE OF	
\	No. of the last of

Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90032 005 ****50.00

1				•	•	GOO WE TR						
Principal Plac	e of Busines	s		Mailing Address								
7472 SUNSET I	HARBOR DR		2	2821 IROQUOIS DR								
314				THOMPSONS STATION TN 37179								
NAVARRE FL 3	2566		·	US .			.	. 118893	LICENCESION (CON CONCE	HI BRIER BRIER	 2 100 010	A 1848 A 1840 1888
	Place of Buein	220	- 1 3	3. Mailing Address								
2. Principal Place of Business			'	3. Mailing Address					141 BUL BBUKS 11814 BBUK BB	101 48 10) 68 10 0	(1811) DESCRIPTION	RIGHT RIGHT HERE
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.				I OUTOK UEDE IE MAKKIO OLIMOTO				
data; Apt. #; did.								CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number				Applied For
							-	·				Not Applicable
Zip Country				Zip Country				5. Certificate of Status Desired \$5.00 Additional				
<u>l</u>				<u>_</u>				Fee Required				
·-·	6. Name	and Address of Curre	nt Reg	gistered Agent		Nema		7. Name a	nd Address of New	Registere	i Agent	
INVE	STMENT N	IARKETING INC				Name						
INVESTMENT MARKETING , INC 7474 SUNSET HARBOR DR					Street Address (P.O. Box Number is Not Acceptable)							
		CH FL 32566										
14/14	MULL DEN	711 1 E 02000										
						City				F	Zip Co	de
		 			<u>_</u>							
	named entity tions of regist		t for the	e purpose of changing its	s registere	ed office or reg	gistere	ed agent, or b	oth, in the State of F	-lorida. I ar	n familiar with	n, and accept
SIGNATURE .	Signature, typed	or printed name of registered ag-	ent and ti	itle if applicable. (NOT	E: Registere	d Agent signature re	equired v	when reinstating)		DATE		<u></u> .
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						FEE IS \$50.		t of State				
				Make Check Payab		orida Depar ay 1, 2003	lmen	it of State				
				L	10.	19 1, 2003			- <u>-</u> -			
9.		MANAGING MEM	IBERS/				ADDITIONS/CHANGES					
TITLE	MGRM	OOVE 1		☐ Delete	TITLE	I					☐ Change	☐ Addition {
NAME CYRCET ADDRESS	TOLL, DITOUTE 0				NAMI	·						
STREET ADDRESS CITY-ST-ZIP		QUOIS DR	***			et address - St-Zip						
,		<u>ONS STATION TN 37</u>	/1/9		_						П.	Ad Proceed
TITLE Name	MGRM TOLL, MA	DOMA I		☐ Delete	TITLE NAMI	1					☐ Change	Addition
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CITY-ST-ZIP		RARDEAU MO 22701				-ST-ZIP			***			
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NAME		STACEY 😽		Detete	NAMI				*			Addition
STREET ADDRESS		HIGHWAY 7				ET ADDRESS						
CITY-ST-ZIP	OLATHE					ST-ZIP						}
TITLE	MGRM			☐ Delete	TITLE						☐ Change	Addition
NAME	WOLFF, 1	CODD			NAMI	I						
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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.

615-333-5080