407 302-7022 Daytime Phone #

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Ut	NIFORM BUSINE	SS REPORT	r (UBR))						Ī
DOCUMENT # L02000025071 1. Entity Name					FILED					
ECOLOTECH GROUP, "LLC"							24 AN S			
Principal Place of Business HARBOUR PLACE, 541 N. PALMETTO DR. SUITE #103 SANFORD FL 32771		Mailing Address 8710 LAKESHORE DRIVE YALAHA FL 34797 US				SEGRETA TALLAHA	AHY UF S SSEE, FLC	TATE ORIDA	·	
JS Principal S	Place of Business	3. Mailing Address								
541 N. Palmetto Avenue		541 N. Palmetto Avenue		nue	1 1001101	} b aa qa ad a ak b ab qa ad	88111 28 111 88118 11	 	101 1101 1001	
Suite, Apt. #, etc. # 103		Suite, Apt. #, etc. # 103			CHECK HERE IF MAKING CHANGES					
City & State Sanford, Florida		City & State Sanford, Florida		4	FEI Numb 59-3	739960			oplied For ot Applicable	}
Zip 32771	Country USA	32771	Country USA		5. Certificati	e of Status Desire	ed X 🕱	\$5.00 Add		1
 	6. Name and Address of Current F				. Name an	d Address of Ne	w Registered	 _		1
LIAN		and the second second second	Name			10 m 10 m				7
HANNA, PAUL M JR. 8710 LAKESHORE DRIVE YALAHA FL 34797			Street	et Address (P.O. Box Number is Not Acceptable)						
,,,,								- 1		1
			City				FL	T. 1		
	named entity submits this statement for tions of registered agent.					oxn, in the State o		Tamillar With,	and accept	
	Signature, typed or printed name of registered agent ar		Registered Agent signs		en reinstating)		DATE			┨
		ì	W!!! FEE IS !	•						
			e to Florida De September 24	-	of State					
9.	MANAGING MEMBER		10,			OITIDDA	NS/CHANGE] _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNA, PAUL M JR. 8710 LAKESHORE DRIVE YALAHA FL 34797	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3				☐ Change	☐ Addition	CR2E083 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGGS, ROBERT R 1130 POINTE NEWPORT TERRAC CASTLEBERRY FL 32702	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	90 09/24/	100233 '0301041	3 040 010	□ Change 5:3 **55.00	Addition	15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, SONNY R 1100 EAST CAROLINE ST. 209 TAVARES, FL 32778	, · Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9301	AT, SO Silve	ONNY R er Lake Florida		K 1 Change	☐ Addition	
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indicated	certify that the information supplied with t on this report is true and accurate and the bility company of the receiver or trustee	iat my signature shall have ti	he same legal effe	ect as if made	e under oath	n; that I am a ma	es. I further ce anaging memb	ertify that the in er or manage	nformation r of the	

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