

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90053 026 *****50.00

DOCUMENT # L02000025791

1. Entity Name

BOKEELIA PALM, LLC



Principal Place of Business

**99 NESBIT STREET
PUNTA GORDA FL 33950**

Mailing Address

**POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3043819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARR, DAROL H
99 NESBIT STREET
PUNTA GORDA FL 33950**

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	MANAGER	<input type="checkbox"/> Delete
NAME	DAROL H. M. CARR	
STREET ADDRESS	6330 Riverside Drive	
CITY-ST-ZIP	Punta Gorda, FL 33982	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	GEORGE A. WINSLOW	
STREET ADDRESS	P.O. Drawer 51-2116	
CITY-ST-ZIP	Punta Gorda, FL 33951-2116	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	DONALD K. SMITH	
STREET ADDRESS	P.O. Box 417	
CITY-ST-ZIP	Bokeelia, FL 33942	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	IRV BETROCK	
STREET ADDRESS	14001 E. Palomino Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)