

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

01-09-2003 90201 027 ****50.00
08-18-2003 90109 012 ****50.00

DOCUMENT # L02000026224

1. Entity Name

THE VILLAS AT SEAGROVE BEACH, L.L.C.



Principal Place of Business

**10140 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH FL 32459**

Mailing Address

**PO BOX 1637
SANTA ROSA BEACH FL 32459**

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

02-0653876

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

**BRIDGE, LANA
5399 EAST COUNTY HIGHWAY 30A
SANTA ROSA BEACH FL 32459**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PLAYA BLANCA, L.L.C.**
STREET ADDRESS **977 SOUTH FERDON AVENUE**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **MGR** ☐ Delete
NAME **SEACREST BEACH, INC.**
STREET ADDRESS **5399 EAST COUNTY HWY 30-A**
CITY-ST-ZIP **SEAGROVE FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **POCO Y POCO, INC.**
STREET ADDRESS **5399 E COUNTY HWY 30-A #192**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MITCHELL/WEST, INC.**
STREET ADDRESS **P.O. BOX 1637**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: LANA BRIDGE MGR POCO Y POCO, INC.

8-15-03 850-231-3700

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

Date

Daytime Phone #

CR2E083 (4/03)