

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90080 030 *****55.00

DOCUMENT # L02000027025

1. Entity Name

CARRIELAND PROPERTIES, LLC



Principal Place of Business

222 S. WESTMONTE DRIVE
SUITE 103
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

222 S. WESTMONTE DRIVE
SUITE 103
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

2716 Deer Berry Ct
Suite, Apt. #, etc.

3. Mailing Address

2716 Deer Berry Ct
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
LONGWOOD, FL 32719

Zip Country
32779 USA

City & State
LONGWOOD, FL

Zip Country
32779 USA

4. FEI Number
56-2337968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, MEL JR.
222 S. WESTMONTE DR.
SUITE 103
ALTAMONTE SPRINGS FL 32714

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 NAME MGRM STEVENS, MEL JR. ☐ Delete
STREET ADDRESS 222 S. WESTMONTE DR., SUITE 103
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE NAME MGR BROWN, RITA E ☐ Delete
STREET ADDRESS 2716 DEER BERRY COURT
CITY-ST-ZIP LONGWOOD FL 32779

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM STEVENS, MEL JR. ☒ Change ☐ Addition
STREET ADDRESS 180 N. WESTMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

4/14/03 407-869-8744

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

Date

Daytime Phone #

CR2E083 (10/02)