

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0075788

05-01-2003 90272 032 ****50.00

DOCUMENT # L02000027259

1. Entity Name

SUMMERWIND FARMS, LLC



Principal Place of Business

**ATLANTIC BLVD., 13170-50. PMD-250
JACKSONVILLE FL 32225**

Mailing Address

**ATLANTIC BLVD., 13170-50. PMD-250
JACKSONVILLE FL 32225**

2. Principal Place of Business

5250 STATE ROAD 13 NORTH

3. Mailing Address

P.O. BOX 600130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

JACKSONVILLE, FL

Zip

32092

Country

ST. JOHNS

Zip

32260

Country

DUAL

4. FEI Number

55-0804647

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

**SMITH, HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202**

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

**MGRM
ROBERT E. EVANS
5250 STATE ROAD 13 NORTH
ST AUGUSTINE, FL 32092-1424**

☐ Delete

**MGRM
SUSAN S. EVANS
5250 STATE ROAD 13 NORTH
ST AUGUSTINE, FL 32092-1424**

☐ Delete

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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10. ADDITIONS/CHANGES

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☐ Addition

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

4/29/03 (904) 545-1276

Date

Daytime Phone #

CR2E083 (10/02)