

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90696 008 *****50.00

DOCUMENT # L02000027930

1. Entity Name

XTREMIST VENTURES LLC



Principal Place of Business

657 18TH ST.
VERO BEACH FL 32960

Mailing Address

657 18TH ST.
VERO BEACH FL 32960

2. Principal Place of Business

405 25th Ave SW
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 650996
Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH - FL

Zip

32962

Country

US

Zip

32962

Country

US

4. FEI Number

75-3097602

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

SANTORO, RALPH L
657 18TH ST
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name RALPH SANTORO

Street Address (P.O. Box Number is Not Acceptable)

405 25th Ave SW

City

VERO BEACH

FL

Zip Code

32962

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

RALPH SANTORO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RALPH SANTORO	
STREET ADDRESS	PO BOX 650996	
CITY-ST-ZIP	VB, FL. 32962	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JAMES RIPLE	
STREET ADDRESS	PO BOX 650996	
CITY-ST-ZIP	VB, FL. 32962	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ANTHONY SANTACROCE	
STREET ADDRESS	PO BOX 650996	
CITY-ST-ZIP	VB, FL. 32962	
TITLE	N/A	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROBERT HINCHLIFFE	
STREET ADDRESS	PO BOX 650996	
CITY-ST-ZIP	VB, FL. 32962	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JAMES ASANO	
STREET ADDRESS	PO BOX 650996	
CITY-ST-ZIP	VB, FL. 32962	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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: RALPH SANTORO

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

5-1-03

Date

772-633-6900

Daytime Phone #

CR2E083 (10/02)