

LO2000027994

10/2

DOCUMENT # **LO2000027994**

1. Entity Name
RENAISSANCE ENTERPRISES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:07

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900024280939
10/30/03--01015--012 **50.00

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2. Principal Place of Business
2501 SW 37th TERR
Suite, Apt. #, etc.
#100

3. Mailing Address
PO Box 150250
Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

Zip
33914

Country
USA

Zip
33915

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **PHYLLIS J. JONES**

Street Address (P.O. Box Number is Not Acceptable)
2501 SW 37th TERR

City **CAPE CORAL** FL Zip Code **33914**

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT-MANAGER	JOSEPH A. JONES	2501 SW 37th TERRACE	CAPE CORAL, FL 33914

REINSTATEMENT 2003

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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: **Joseph A. Jones** Date **Oct 20, 2003** Daytime Phone # **239-542-8603**

CR2E083B (12/02)

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