

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0059203

DOCUMENT # L02000029688

1. Entity Name  
LAPIERRE'S GARDEN, LLC



FILED

2003 DEC -4 AM 10:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5903 JENNY DRIVE  
TAMPA FL 33617  
US

Mailing Address  
PO BOX 15223  
TAMPA FL 33684  
US



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

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

7. Name and Address of New Registered Agent

JEAN-PIERRE, PATRICK C  
5903 JENNY DRIVE  
TAMPA FL 33684

Name

JEAN-PIERRE, Patrick C.

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

1604 Prowmore Dr.

City

Brandon

FL

Zip Code

33511

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)

11/23/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME JEAN-PIERRE, PATRICK C  
STREET ADDRESS PO BOX 15223  
CITY-ST-ZIP TAMPA FL 33684 ☐ Delete

TITLE MGR  
NAME Valentine D. Angrand  
STREET ADDRESS 236 Englewood Dr.  
CITY-ST-ZIP Port St. Lucie FL 33584 ☐ Change ☒ Addition

TITLE MGR  
NAME JEAN-PIERRE, REGINE D  
STREET ADDRESS PO BOX 15223  
CITY-ST-ZIP TAMPA FL 33684 ☐ Delete

TITLE  
NAME 000025202110  
STREET ADDRESS 12/04/03--01005--030 \*\*155.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME MARIE-PAULE, HERARD M  
STREET ADDRESS 1542 NW 14TH CIR.  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE MGRM  
NAME DAUPHIN, DORLINE M  
STREET ADDRESS 1542 NW 14TH CIR.  
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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]*

11/23/03

813-643-9954

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

Date

Daytime Phone #

CR2E083 (10/02)

**REINSTATEMENT**

2003