


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-11-2003 90013 014 ****50.00

DOCUMENT # L02000029758

1. Entity Name
G&L INVESTMENTS, LLC



Principal Place of Business
**15810 88TH PLACE NORTH
LOXAHATCHEE FL 33470**

Mailing Address
**15810 88TH PLACE NORTH
LOXAHATCHEE FL 33470**

44001821

2. Principal Place of Business
4392 123rd Trail N.

3. Mailing Address
P.O. Box 17201

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Royal Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33411

County
Palm Beach

Zip
33416

County
Palm Beach

4. FEI Number
26-0056217

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TURNER, GENE M
15810 88TH PLACE NORTH
LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent
Name
Turner, Gene M
Street Address (P.O. Box Number is Not Acceptable)
4392 123rd Trail N
City
Royal Palm Beach FL Zip Code
33411

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 **5-13-03**

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR TURNER, GENE M 15810 88TH PLACE NORTH LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONDIK, LESLIE C 4392 123RD TRAIL NORTH ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  SIGNATURE REQUIRED **4-7-03** **561-818-7133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)