

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90080 034 ****50.00

DOCUMENT # L02000030914

1. Entity Name

INFINITY HOMES OF SOUTHWEST FLORIDA, LLC



Principal Place of Business

**1464 MARACAIBO ST.
PORT CHARLOTTE FL 33980**

Mailing Address

**1464 MARACAIBO ST.
PORT CHARLOTTE FL 33980**

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

74-3071189

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

**KISSINGER, PEGGY
1464 MARACAIBO ST.
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name **JEFFREY J. LAURO**

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

1464 MARACAIBO ST.

City **PORT CHARLOTTE**

FL

Zip Code **33980**

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

Jeffrey J. Lauro

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KISSINGER, PEGGY	
STREET ADDRESS	1464 MARACAIBO ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KISSINGER, MICHAEL	
STREET ADDRESS	1464 MARACAIBO ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KISSINGER, TODD	
STREET ADDRESS	1464 MARACAIBO ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KOCH, BRYAN	
STREET ADDRESS	2664 LAKEVIEW BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KOCH, CATHY	
STREET ADDRESS	2664 LAKEVIEW BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAURO, JEFFREY J	
STREET ADDRESS	1169 S. MAIN ST., #327	
CITY-ST-ZIP	MANTECA CA 95337	

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
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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:

Jeffrey J. Lauro

SIGNATURE REQUIRED

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

4/28/03

DATE

941-743-7595

DAYTIME PHONE #

CR2E083 (10/02)

0062383