

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90004 007 ****50.00

DOCUMENT # L02000031211

1. Entity Name

MAMIE LAKE ESTATES, LLC.



Principal Place of Business

3620 CARAMEL AVENUE
APT. 70
PORT ORANGE FL 32129

Mailing Address

3620 CARAMEL AVENUE
APT. 70
PORT ORANGE FL 32129

2. Principal Place of Business

116 Beach St.

3. Mailing Address

116 Beach St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponce Inlet FL

City & State

Ponce Inlet FL

Zip

Country

32127 U.S.

Zip

Country

32127 U.S.

4. FEI Number

01-0755953

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

GREENE, ROBERT N JR.
3620 CARAMEL AVENUE
APT-70
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

Name

Greene, Robert N Jr.

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

116 Beach St.

City

Ponce Inlet

FL

Zip Code

32127

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

Robert N. Greene Jr. Manager

9/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME GREENE, ROBERT N JR.
STREET ADDRESS 3620 CARAMEL AVE., APT 70
CITY-ST-ZIP PORT ORANGE FL 32129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Greene, Robert N JR.
STREET ADDRESS 116 Beach St.
CITY-ST-ZIP Ponce Inlet FL 32127

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

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

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

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

TITLE ☐ Change ☐ 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:

Robert N. Greene Jr., MGR

Date

Daytime Phone #

9/24/03 386-717-0986

CR2E083 (4/03)