## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031485



## FILED Mar 12, 2003 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 7201 Sandscove Ct.  Suite, Apt. #, etc. Suite, Apt. #, etc. Suite H  City & State Winter Park FI  City & State  4. FEI Number 14-1859885	
2. Principal Place of Business 7201 SandScove Ct.  Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State Winter Park FI City & State 14-1859885	
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Suite H City & State City & State City & State 4. FEI Number 14-1859885	ne ne
Winter Park Fl 14-1859885	<u></u>
	Applied For Not Applicable
	.00 Additional Required
7. Name and Address of Current Registered Age	ent
Name Name Name	
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE	
City	Zip Code
FL	
<ol><li>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 familia the obligations of registered agent.</li></ol>	ar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	
FEE IS: \$50.00	İ
Make Check Payable to Florida Department of State  DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS	
TITLE President NAME Denois F Bell NAME	11
NAME Dennis E. Bell STREET ADDRESS 7201 Sandscove Ct. Suit 4 STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP Winter Park F1 32792 CITY-ST-ZIP	
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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 informatic 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:** 

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

407-678-8300