

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90015 016 \*\*\*\*50.00

DOCUMENT # L02000031638

1. Entity Name

NIMBUS IV, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9557 Cypress Pine St

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32827

Country

Zip

Country

4. FEI Number

51-0441571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Steve Dorr

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

9557 Cypress Pine St

City

ORLANDO

FL

Zip Code

32827

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

*Steve Dorr*

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

2/24/03  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

Steve Dorr MGRM

STREET ADDRESS  
CITY-ST-ZIP

SAME

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

JANE Lockett MGRM

STREET ADDRESS  
CITY-ST-ZIP

same

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Steve Dorr*

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

2/24/03

Date

Daytime Phone #

857 1083

CR2E083B (12/02)