2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032652

BETTER LIFE PROPERTIES LLC



Principal Place of Business Mailing Address 1633 COACHMAKERS LANE 553/555 S.DUNCAN STREET CLEARWATER FL 33756 **CLEARWATER FL 33765** US US 2. Principal Place of Business 553 S. DV NCAN AVE. 3. Mailing Address Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... BELLMAINE, JOHN R 1633 COACHMAKERS LANE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33765** City Zip Code 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. PRESIDERT MERM TITLE ☐ Delete TITLE Change Addition AMN BELLMAINE NAME NAME 633 COACHMAKERS LN. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FL DIR. MERM ☐ Delete TITLE ☐ Change NAME NAME 1279 TERAS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN 34698 TITLE ` MERM 🖘 🗀 Delete 🗝 ع Addition TITI F ___ Change GRACE HUNTER 1533 ANGLAS NAME NAME RO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP BALEAIR ☐ Delete MGRM TITLE TITI F ☐ Change Addition MARK BARBEE NAME NAME STREET ADDRESS 100 PIERCE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

REQUIRE ELLMAINE

OR AUTHORIZED REPRESENTATIVE

Sep 04, 2003 8:00 am Secretary of State

09-04-2003 90037 015 ****50.00