

AMENDED

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

DOCUMENT # L02000032998

1. Entity Name
BUTLER, L.L.C.



FILED

503251900012

SEP -9 PM 2-04

2003 90036 013 ****50.00

Principal Place of Business
**2021 VALPARAISO BLVD.
NORTH FORT MYERS FL 33917**

Mailing Address
**2021 VALPARAISO BLVD.
NORTH FORT MYERS FL 33917**

TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-7634183

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUMANN, RAYMOND L
13141 MCGREOR BLVD.
FORT MYERS FL 33919**

Name

PIPER, THOMAS J.

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

2021 VALPARAISO BLVD.

City

NORTH FORT MYERS, FL

Zip Code

33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PIPER, THOMAS J
2021 VALPARAISO BLVD.
NORTH FORT MYERS FL 33917** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

9/1/03, 239-731-1549