

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90004 015 ****55.00

DOCUMENT # L02000033367

1. Entity Name



LARK PRIVATE INVESTIGATIONS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10804 BOCA POINTE DR

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32836

USA

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAWRENCE R KOLBICKA

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

10804 BOCA POINTE DR

City

ORLANDO

FL

Zip Code

32836

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

Lawrence R. Kolbicka

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRH
LAWRENCE R. KOLBICKA
10804 BOCA POINTE DR
ORLANDO, FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/02)

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:

Lawrence R. Kolbicka

03/11/03 (407) 9091275

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

Date

Daytime Phone #