

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90046 014 \*\*\*\*50.00

**DOCUMENT # L02000033377**

1. Entity Name

**G. STRAUSS INVESTMENT, LLC**



Principal Place of Business

**3838 TAMiami TRAIL NORTH  
300  
NAPLES FL 34103  
US**

Mailing Address

**3838 TAMiami TRAIL NORTH  
300  
NAPLES FL 34103  
US**

**30140103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**14-1863833**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOODMAN, KENNETH D  
3838 TAMiami TRAIL NORTH  
300  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **STRAUSS, GERALD H GERHARD H.**  
STREET ADDRESS **4651 GULF SHORE BLVD NORTH, #1102**  
CITY-ST-ZIP **NAPLES FL 34103**

☐ Delete

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10. ADDITIONS/CHANGES

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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:

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

**7/14/03**

**239-261-2094**

Date Daytime Phone #

CR2E083 (4/03)

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