

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 006 ****50.00

DOCUMENT # L02000033392

1. Entity Name

NEW PIPER, LLC



DO NOT WRITE IN THIS SPACE

30064944

2. Principal Place of Business

2926 Piper Dr
Suite, Apt. #, etc.

3. Mailing Address

2926 Piper Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

82-0578496

Applied For

Not Applicable

Zip

Country

32960 USA

Zip

Country

32960 USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUZON W. FRANZKE

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

**DO NOT WRITE
IN THIS SPACE**

2926 PIPER DR.

City

VERO BEACH

FL

Zip Code

32960

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE

MM

NAME

CHARLES M. SUMA

STREET ADDRESS

2926 PIPER DR

CITY-ST-ZIP

VERO BEACH, FL 32960

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

MM

NAME

PAUL A. NEWMAN

STREET ADDRESS

2926 PIPER DR.

CITY-ST-ZIP

VERO BEACH, FL 32960

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

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:

PAUL A. NEWMAN

PAUL A. NEWMAN

4/25/03

772-299-2242

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

Date

Daytime Phone #

CR2E083B (12/02)