

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/6

FILED
Sep 02, 2003 8:00 am
Secretary of State

08-06-2003 90041 009 ****50.00

DOCUMENT # L02000033809

1. Entity Name

SABRINA LACEY ISLEY, LLC



Principal Place of Business

**7261 CAROUSEL LANE
FORT MYERS FL 33912**

Mailing Address

**7261 CAROUSEL LANE
FORT MYERS FL 33912**

2. Principal Place of Business

14091 Eagle Ridge Lakes Dr

3. Mailing Address

14091 Eagle Ridge Lakes Dr

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

Ft. Myers FL

City & State

Ft. Myers FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

03-0502669

Applied For

Not Applicable

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

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 **SABRINA LACEY ISLEY** ☐ Delete
NAME **MANAGER**
STREET ADDRESS **7261 CAROUSEL LANE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **X**

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

Date

Daytime Phone #

Sabrina L Isley

9/26/03

CR2E083 (4/03)