

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90040 013 ****50.00

DOCUMENT # L02000033830

1. Entity Name

PROSPERITY INVESTMENT GROUP, LLC



Principal Place of Business

**2566 MONACO TERRACE
PALM BEACH GARDENS FL 33410**

Mailing Address

**2566 MONACO TERRACE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

P.O. Box 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PAUM BEACH, FL

Zip

Country

Zip

Country

33480

USA

4. FEI Number

55-0809503

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

**FERGUSON, WAYNE
2566 MONACO TERRACE
PALM BEACH GARDENS FL 33410**

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WAYNE FERGUSON
2566 MONACO TERRACE
PALM BEACH GARDENS, FL 33410**

☐ Delete

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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 Required

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

9/22/03

561-262-3552

Date

Daytime Phone #

CR2E083 (4/03)