

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0007336

DOCUMENT # L02000033943

1. Entity Name

MILANO'S AT THE BEACHES, LLC



FILED

2003 OCT -3 PM 3:59

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

917 MYSTIC HARBOR DR
JACKSONVILLE FL 32225

Mailing Address

917 MYSTIC HARBOR DR
JACKSONVILLE FL 32225

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

14-186

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

SHEALY, STANTON K
917 MYSTIC HARBOR DR
JACKSONVILLE FL 32225

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 MGR
NAME SHEALY, STANTON K
STREET ADDRESS 917 MYSTIC HARBOR DR
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

000023550060
10/03/03--01082--001 **50.00

TITLE MGR
NAME SHEALY, IVEY
STREET ADDRESS 917 MYSTIC HARBOR DR
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE MGR
NAME HAMILTON, NANCY
STREET ADDRESS 6641 PIERPONT DR
CITY-ST-ZIP LAKE WORTH FL 33467

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2E083 (4/03)