

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-03-2003 90006 009 ****50.00

DOCUMENT # L02000034188

1. Entity Name

SUMMERGLEN, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1412 South Florida Avenue

3. Mailing Address
1412 South Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL 33803

City & State
Lakeland, FL 33803

4. FEI Number
76-0720678

Applied For
Not Applicable

Zip
33803

Country
USA

Zip
33803

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert F. Harper III

Street Address (P.O. Box Number is Not Acceptable)
1420 South Florida Avenue

City Lakeland

FL 33803

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 Owner/Manager
NAME Paul Sean Harper
STREET ADDRESS 5299 Stone Oaks Drive
CITY-ST-ZIP Lakeland, FL 33811

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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 of 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 #

2-25-03 863-2840037

CR2E083B (12/02)