

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2003 8:00 am**  
**Secretary of State**

09-09-2003 90018 048 \*\*\*\*50.00

**DOCUMENT # L02000034234**



1. Entity Name  
**LIGHTSHIP LATIN AMERICA, LLC**

Principal Place of Business  
**5728 MAJOR BLVD., SUITE 314  
C/O CHARLES EHRLER  
ORLANDO FL 32819**

Mailing Address  
**5728 MAJOR BLVD., SUITE 314  
C/O CHARLES EHRLER  
ORLANDO FL 32819**

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

**05-0549985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EHRLER, CHARLES  
5728 MAJOR BLVD., SUITE 314  
ORLANDO FL 32819**

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 ☐ Delete  
NAME **MGR ALLEN, NOLEN**  
STREET ADDRESS **5728 MAJOR BLVD., SUITE 314**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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

TITLE ☐ Delete  
NAME **MGR TRIPLE, JIM**  
STREET ADDRESS **5728 MAJOR BLVD., SUITE 314**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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

TITLE ☐ Delete  
NAME **MGR EHRLER, CHARLES**  
STREET ADDRESS **5728 MAJOR BLVD., SUITE 314**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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

TITLE ☐ Delete  
NAME **MGR ORZUT, ANTHONY**  
STREET ADDRESS **5728 MAJOR BLVD., SUITE 314**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32819**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**7/7/03 (407) 363-7777**

CR2E083 (4/03)