

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90103 006 *****55.00

DOCUMENT # L02000034567

1. Entity Name

FAMILY MANORS, LLC



Principal Place of Business

3178 SE IRIS STREET
STUART FL 34997

Mailing Address

3178 SE IRIS STREET
STUART FL 34997

2. Principal Place of Business

3385 SE EVERGREEN Ave

3. Mailing Address

3385 SE EVERGREEN Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip

34997

Country

Zip

34997

Country

4. FFI Number

06-1672214

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRECHBILL, MARK
215 SOUTH FEDERAL HIGHWAY, SUITE 100
STUART FL 34994

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, JAMES T 3178 SE IRIS STREET STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

8/4/03

772-220-6005

Date

Daytime Phone #

CR2E083 (4/03)



Attachment

90149545

L02000034567

July 8, 2003

Uniform Business Report
Division of Corporations
P O Box 6478
Tallahassee, Florida 32314-6478

To Whom It May Concern:

Document #L02000034557

Kindly accept this written correspondence as authorization to correct the address for Family Manors *from*:

Family Manors RE, LLC
3178 SE Iris Street
Stuart, Florida 34997-5391

The *correct address* for this account is:

FAMILY MANORS LLC and/or James T. Collins
3385 SE Evergreen Ave
Stuart, Florida 34997

The telephone number remains the same: (772) 288-4781

Thanking you in advance for your immediate attention.

Joan Collins, R.N., B.A.
Owner/President

JC:vam