

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90047 038 ****50.00

DOCUMENT # **102000034615**

1. Entity Name

Southland Suites of Ormond Beach LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550 Wilmette Avenue

Suite, Apt. #, etc.

3. Mailing Address

300 N. Ronald Reagan Blvd.

Suite, Apt. #, etc.

311

City & State

Ormond Beach, Florida

City & State

Longwood, Florida

4. FEI Number

32-0048765

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32750

Country

USA

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Norman L. Huey

Street Address (P.O. Box Number is Not Acceptable)

300 N. Ronald Reagan Blvd., Suite 311

City

Longwood

FL

Zip Code
32750

**DO NOT WRITE
IN THIS SPACE**

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

Norman L. Huey

Signature, typed or printed name of registered agent and title if applicable.

2-17-03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Norman L. Huey
300 N. Ronald Reagan Blvd., Suite 311
Longwood, Florida 32750

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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:

Norman L. Huey

2-17-03

DATE

407 788-0029

Daytime Phone #

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

CR2E083B (12/02)