

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

7/28/

07-28-2003 90067 014 ****50.00

DOCUMENT # L02000034802

1. Entity Name

ROYAL PALM HOMES LLC



Principal Place of Business

Mailing Address

3442 BROOKLINE DR.
SARASOTA FL 34239

3442 BROOKLINE DR.
SARASOTA FL 34239

55055513

2. Principal Place of Business

3. Mailing Address

3442 Brookline Dr

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA FL

City & State

34239

City & State

Zip

Country

SARASOTA

Zip

Country

4. FEI Number

14-1863552

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

WOOTEN, NEIL T
3442 BROOKLINE DR
SARASOTA FL 34239

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

Neil T Wooten

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 NAME *President*
Neil T. Wooten
STREET ADDRESS *3442 Brookline Dr*
CITY-ST-ZIP *SARASOTA FLA. 34239*

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Neil T Wooten

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

7-24-03

Date

927-9404

Daytime Phone #

CR2E063 (4/03)