FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90108 025 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000228

1. Entity Name
1235 S.E. 2nd Place LLC

Principal Place of Business
5235 NAUTILUS DR.
CAPE CORAL, FL. 33904

Mailing Address
5235 Nautilus Dr.
Cape Coral, FLA 33904

20015726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737719 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

VIACAVA, JOSEPH G JR.
5232 Nautilus Dr.
Cape Coral FLA. 33904

7. Name and Address of New Registered Agent

Name JOSEPH G. VIACAVA, JR

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

1415 Hendry Street

City Ft Myers FL Zip Code 33902

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.

SIGNATURE 2-10-2005
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIACAVA, LYNNE C 5235 Nautilus Dr. Cape Coral FLA 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE C. VIACAVA 5235 NAUTILUS DRIVE CAPE CORAL, FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

2-10-2005