

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

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90021 015 \*\*\*\*50.00

DOCUMENT # **L04000002179**

1. Entity Name

**BUCKAIN LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**415 EDMERE WAY N.**

Suite, Apt. #, etc.

3. Mailing Address

**415 EDMERE WAY N.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**NAPLES, FLA.**

City & State

**NAPLES, FLA.**

4. FEI Number

**80-0091963**

Applied For

Not Applicable

Zip

**34105**

Country

**COLLIER**

Zip

**34105**

Country

**COLLIER**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**WARREN E. BUCKEY**

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

**415 EDMERE WAY N.**

City

**NAPLES**

**FL**

Zip Code

**34105**

**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

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

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

**MG RM  
WARREN E. BUCKEY  
415 EDMERE WAY N.  
NAPLES, FL. 34105**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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:

**Warren E. Buckey**

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

**4/2/05 (239) 262-3389**

Date

Daytime Phone #

CR2E083B (12/02)