

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90072 042 \*\*\*\*50.00

40004709



01242005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1230674** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # L04000042625**

1. Entity Name  
**UPCM63, LLC**



Principal Place of Business **SEVILLA**  
**10513 SEVILLA DRIVE Suite 102**  
**FORT MYERS, FL 33913**

Mailing Address **SEVILLA**  
**10513 SEVILLA DRIVE STE 102**  
**FORT MYERS, FL 33913**

2. Principal Place of Business <b>10513 SEVILLA DRIVE</b>		3. Mailing Address <b>10513 SEVILLA DRIVE</b>	
Suite, Apt. #, etc. <b>STE 102</b>		Suite, Apt. #, etc. <b>STE 102</b>	
City & State <b>FORT MYERS, FL 33913</b>		City & State <b>FORT MYERS, FL 33913</b>	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>PLATT, DAVID M ESQ</b> <b>1715 MONROE STREET</b> <b>FORT MYERS, FL 33902</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LLAMIDO, FELIX DR 10513 SEVILLA DRIVE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10513 SEVILLA DRIVE STE 102</b> <b>FORT MYERS, FL 33913</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** Felix V. Platt FELIX V. LLAMIDO MANAGING PARTNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
4/25/05 8:25 0229