

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

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90209 017 ****50.00

DOCUMENT # L95000000013

1. Entity Name

ARECA, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P. O. Box 100898

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 100898

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-0633534

Applied For

Not Applicable

Zip

33910

Country

USA

Zip

33910

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Klaus W. Plonsky

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

3623 S. E. 16th Place

City

Cape Coral

FL

Zip Code

33904

**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.

SIGNATURE

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

4-1-2002

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Klaus W. Plonsky
STREET ADDRESS	3623 S. E. 16th Place
CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	Manager
NAME	Renate Plonsky
STREET ADDRESS	3623 S. E. 16th Place
CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Klaus W. Plonsky Manager

4-1-2002

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

Date

Daytime Phone #

CR2E083B (12/01)