

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

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90388 002 ****50.00

DOCUMENT # **L96000000623**

1. Entity Name

KENT DEVELOPMENT, L.C.

DO NOT WRITE IN THIS SPACE

969058

2. Principal Place of Business

761 SHORES BOULEVARD

3. Mailing Address

15 ALDO COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FLORIDA

City & State

ST. AUGUSTINE, FLORIDA

4. FEI Number

59-3511501

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MCCURE, GEORGE M

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

170 MALAGA STREET, SUITE A

City

ST. AUGUSTINE

FL

Zip Code

32084

**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 title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
PATEL, MAHESH B
15 ALDO COURT
ST. AUGUSTINE FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
PATEL, CHIRAG
15 ALDO COURT
ST. AUGUSTINE FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
THAKKAR, KANTI B
15 ALDO CT
ST. AUGUSTINE FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

June 1st 2002 (904) 797-9928

CR2E083B (12/01)

Attachment

969058

Mahesh B Patel
Kent Development LLC
15 Aledo Court
St. Augustine
Florida 32086

Division of Corporations
P.O. Box 6478
Tallahassee
Florida 32314

Dear Sir/Madam,

RE: Document# L96000000623

Unfortunately the original document was not received by us and presumably lost in the mailing system. However, we thank you for sending us a new blank form which we have now filled in and return to you with our check in the amount of \$50.00. Please confirm receipt.

Thank you,

Yours truly,



Mahesh B. Patel