

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 018 *****50.00

DOCUMENT # L97000000831

1. Entity Name

MEYVEN, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

58 N. COLLIER BLVD.

Suite, Apt. #, etc.

SUITE 1806

City & State

MARCO ISLAND

Zip

34 145

Country

COLLIER

3. Mailing Address

P.O. BOX 549

Suite, Apt. #, etc.

City & State

MARCO ISLAND FLORIDA

Zip

34 146

Country

COLLIER

4. FEI Number

65-0795056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PRICE, R. SCOTT

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

2660 GOLDENGATE PARKWAY

City

NAPLES,

FL

Zip Code
34 105

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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

MANAGING MEMBER

MEYER REINHOLD H.

STREET ADDRESS

58 N. COLLIER BLVD. SUITE 1806

CITY-ST-ZIP

MARCO ISLAND, FL 34 145

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

Date

Daytime Phone #

CR2E083B (12/01)