

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90116 001 ****50.00

DOCUMENT # L97000001037

1. Entity Name
LAST RESORT HOLDINGS, L.C.

Principal Place of Business

**1014 LAKE AVE
 LAKE WORTH FL 33460**

Mailing Address

**1014 LAKE AVE
 LAKE WORTH FL 33460**

2. Principal Place of Business

1014 Lake Ave
 Suite, Apt. #, etc.

3. Mailing Address

1014 Lake Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

65-0787458

Applied For

Not Applicable

Zip

33460

Country

Palm Beach

Zip

33460

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERGUSON, A J JR.
 4811 122ND DRIVE NORTH
 ROYAL PALM BEACH FL 33411**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MRGM** ☐ Delete
 NAME **FERGUSON, A J JR.**
 STREET ADDRESS **4811 122ND DRIVE NORTH**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MRGM** ☐ Delete
 NAME **FERGUSON, DAWN**
 STREET ADDRESS **4811 122ND DRIVE NORTH**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MRGM** ☐ Delete
 NAME **SOCHER, BARBARA R**
 STREET ADDRESS **4811 122ND DRIVE NORTH**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Barbara Socher
Barbara Socher

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

Date

4/22/02

Daytime Phone #

581-586-3700

CR2E083 (9/01)