

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90234 035 ****50.00

0051947

DOCUMENT # L98000001393

1. Entity Name

REALLY INNOVATIONS, L.L.C.



Principal Place of Business

**605 TOWNSEND ROAD
COCOA FL 32926**

Mailing Address

**605 TOWNSEND ROAD
COCOA FL 32926**

2. Principal Place of Business

605 TOWNSEND Rd.

3. Mailing Address

605 TOWNSEND Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL.

City & State

Cocoa, FL.

Zip

32926

Country

USA

Zip

32926

Country

USA

4. FEI Number

59-3530085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NOLEN, REALLY P
605 TOWNSEND ROAD
COCOA FL 32926**

7. Name and Address of New Registered Agent

Name

Nolen, Really P.

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

605 TOWNSEND Rd.

City

Cocoa

FL

Zip Code

32926

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Really Nolen

1/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **NOLEN, REALLY P**
STREET ADDRESS **605 TOWNSEND ROAD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **P** ☐ Delete
NAME **GREENE, PAMELA**
STREET ADDRESS **605 TOWNSEND ROAD**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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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:

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

SIGNATURE REQUIRED

Really Nolen

1/10/03

Date

Daytime Phone #

CR2E089 (10/02)