

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001802

1. Entity Name
WCSP LLC

FILED

01 MAY -1 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2154 TRADE CENTER WAY #3
NAPLES FL 34109

Mailing Address
2154 TRADE CENTER WAY #3
NAPLES FL 34109

2. Principal Place of Business c/o
Landmark Development Group

3. Mailing Address c/o
Landmark Development Group

Suite, Apt. #, etc.
5668 Strand Court, #108

Suite, Apt. #, etc.
5668 Strand Court, #108

City & State
Naples, FL

City & State
Naples, FL

Zip Country
34110 US

Zip Country
34110 US

4. FEI Number 59-3538892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMiami TRAIL NORTH, 4TH FLOOR
NAPLES FL 34103

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME SP LLC
STREET ADDRESS 2154 TRADE CENTER WAY, SUITE 3
CITY-ST-ZIP NAPLES FL 34109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME SP LLC
STREET ADDRESS 5668 Strand Court, #108
CITY-ST-ZIP Naples, FL 34110

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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.

SP, LLC, Manager

SIGNATURE: By: Arthur A. Shafran, its Manager 941-597-8400

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

Date

Daytime Phone #

0020948 AF

CR2E083 (11/00)