

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90026 002 ****50.00

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DOCUMENT # L98000001861

1. Entity Name

INTERNATIONAL PREFERRED SERVICES, LC



Principal Place of Business

7350 SOUTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34231

Mailing Address

7350 SOUTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

333 S. TAMiami TR

333 S. TAMiami TR

Suite, Apt. #, etc.

#283

Suite, Apt. #, etc.

#283

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34285

Country

USA

Zip

34285

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0872827

Applied For

Not Applicable

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

MILLER, HAROLD O
7350 SOUTH TAMiami TRAIL, SUITE 210
SARASOTA FL 34231

Name HAROLD O MILLER

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

333 S. TAMiami TR, #283

City VENICE

FL

Zip Code 34285

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MILLER, HAROLD O
STREET ADDRESS 7350 SOUTH TAMiami TRAIL, SUITE 210
CITY-ST-ZIP SARASOTA FL 34231

TITLE MGRM
NAME MILLER, HAROLD O
STREET ADDRESS 333 S. TAMiami TR, #283
CITY-ST-ZIP Venice, FL 34285

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CF2E083 (4/03)