

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000236

1. Entity Name
FERMM, L.L.C.

APPROVED
AND
FILED

00 JUN - 85PM 3: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4288 SILVER FOX DRIVE
NAPLES FL 34119

Mailing Address
4288 SILVER FOX DRIVE
NAPLES FL 34119-8596



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3555103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONROY, J. THOMAS III
3838 TAMiami TRAIL NORTH, SUITE 402
NAPLES FL 34103

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME POTESTIO, FRANK P JR.
STREET ADDRESS 4288 SILVER FOX DRIVE
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003298115
-06/20/00--01095--012
*****55.00 *****55.00

TITLE MGRM
NAME FINKELSTEIN, MARK
STREET ADDRESS 3324 WHITBURN COURT
CITY-ST-ZIP ADA MI 49301 ☐ Delete

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

TITLE MGRM
NAME FENTON, RICK
STREET ADDRESS 30800 NORTHWESTERN HWY., SUITE 100
CITY-ST-ZIP FARMINGTON HILLS MI 48334 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-27-00 (941) 593-9641

CR2E083 (9/99)