## 2000 UNIFORM BUSINESS REPORT (UBR)

## L99000000418 DOCUMENT # 1. Entity Name BROWNSTONE OF ORLANDO, LLC 00 MPR 27 AH 11: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1712 DEMETREE DRIVE 1712 DEMETREE DRIVE WINTER PARK FL 32789 WINTER PARK FL 32789-5930 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE $\mathcal{M}\mathcal{M}\mathcal{M}$ 4. FEI Non City & State City & State Applied For ገራା Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIRIANNI, FRANCES Street Address (P.O. Box Number is Not Acceptable) 1712 DEMETREE DRIVE WINTER PARK FL 32789 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, 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. Addition Change TITLE MGR Detetu TITLE NAME SIRIANNI, FRANCES RAME **500003249835--**-05/11/00--01129--012 STREET AODRESS 1712 DEMETREE DRIVE STREET ADDRESS CITY-ST-ZEP CITY- 27-71P WINTER PARK FL 32789 <u> \*\*\*\*\*[0 00</u> Delete Addition TITLE STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Change Addition Detate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change ■ Addition TITLE ☐ Relate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-81-Z(P ☐ Change Addition ☐ Delete TITLE TITLE HAME NAME STREET ADDRESS XIRFFI ADDRESS CITY- ST- ZIP CITY- ST- TIP ☐ Change Addition TITLE ☐ Delete TITLE MARI MAME RTREET ADDRESS STREET ADDRESS CITY- ST- ZIP 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:

SOM SMUNZOURED

4/18/20

645-2156

APPROVED

Daytime Phone #