

2001 UNIFORM BUSINESS REPORT (UBR)

0004257 AF

DOCUMENT # L99000001777

1. Entity Name

GUEST HOUSE INTERIORS L.C.

FILED

01 JUN 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6918 SEA TURTLE CIRCLE
NAVARRE FL 32566

6918 SEA TURTLE CIRCLE
NAVARRE FL 32566

2. Principal Place of Business

9533 RAINIER CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAVARRE, FL.

City & State

City & State

4. FEI Number

59-3567479

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

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

GUEST, WALTER G

6918 SEA TURTLE CIRCLE

NAVARRE FL 32566

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUEST, WALTER G
6918 SEA TURTLE CIRCLE
NAVARRE FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUEST, WALTER G
9533 RAINIER CIRCLE
NAVARRE, FL 32566 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOSNELL, BRAD
3111 CRESTWOOD LANE
GLENVIEW IL 60025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOSNELL, BRAD
310 N. EAST RIVER ROAD
DES PLAINES, IL 60016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BESTE, CHRISTIAN DEN
512 LITRELL CIRCLE
MOULTON AL 35650 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000004437709-2
-06/22/01--01084--005
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
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

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:

Walter G. Guest

6-14-2001 850 936-9777

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

Date

Daytime Phone #

CR2E083 (11/00)