

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L99000002885

1. Entity Name

MANNION CONSULTING OF SANIBEL LIMITED COMPANY

00 FEB -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957

Mailing Address

2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957-3220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2340 Periwinkle Way

3. Mailing Address

2340 Periwinkle Way

Suite, Apt. #, etc.

Suite I-2

Suite, Apt. #, etc.

Suite I-2

City & State
Sanibel Island, Florida

City & State
Sanibel Island, Florida

4. FEI Number

65-0661998

Applied For

Not Applicable

Zip
33957

Country
USA

Zip
33957

Country
USA

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

RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957

Name

Ratliff, Robert Lee III

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

2340 Periwinkle Way, Suite I-2

City

Sanibel Island

FL

Zip Code
33957

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
RATLIFF, ROBERT LEE III
2340 PERIWINKLE WAY, SUITE I-2
SANIBEL ISLAND FL 33957 ☐ 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
9000003128429-3
-02/09/00--01001--013
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

2-2-00

941-395-1300