

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

L99000003160

1. Entity Name

PIECES, L.L.C.

FILED

Principal Place of Business

8105 S. A1A
MELBORNE BEACH FL 32951

Mailing Address

8105 S. A1A
MELBORNE BEACH FL 32951

01 JUL 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590519

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

KRAMER, KNUT
8105 S. A1A
MELBORNE BEACH FL 32951

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
Due By September 26, 2001

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08/03/01--01011--014

*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME KRAMER, KNUT
STREET ADDRESS 8105 S. A1A
CITY-ST-ZIP MELBORNE BEACH FL 32951

TITLE MEM
NAME COOPER, GEORGE E.
STREET ADDRESS 8965 S.E. BRIDGE RD. #105A
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE MEM
NAME KRAMER, KNUT
STREET ADDRESS 8105 S. A1A
CITY-ST-ZIP MELBORNE BEACH FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEM
NAME RASCHEKE, KLAUS
STREET ADDRESS AM PARK DER CHEMIEARBEITER NR. 1
CITY-ST-ZIP D-06749 BETTERFELD GERMANY

TITLE
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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 REQUIRED

07-24-01

321 728 8140

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

Date

Daytime Phone #

CR2E083 (5/01)