2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # L9900 and corp., LLC	FILED								
		•				•				
Principal Place of Business Mailing Address						01 JAN 29 AM 9: 17				
	E LAKE DRIVE #1	12220 TOWNE LAKE DRIVE #1 FORT MYERS FL			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0929843 Applied For Not Applicable					
Zip	Country	Zip Coun		try	5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent					
<u></u>	6. Name and Address of Current I	Registered Agent		Name 🗘	_7. Name	and Address of New H	egistered Ac	ent		-
GRANT JR, JOHN A Street A					P.O. Box (uniber is Not Acceptable	<u> </u>		-	
	ESTHORE BLVD., STE 750							,		
tampa fi	L 33607	· • • • • • • • • • • • • • • • • • • •		/22-	-0	10 me bak	<u>- U</u>	Zin Code		
 .			FT	My		FL_	Zip Code	913		
8. The above named entity subtrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE	Signature, typed of printed name of registered agents	when reinstati	ng)	DATE						
Pignature, typed of printed name of registered agents and title if applicable. (NOTE: Registered Agent-signature required when reinstating) PATE FILE NOW!!! FEE IS \$50.00										
	•	Make Check Pa		•	f State					
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/	CHANGES			_ ا
TITLE	MGR	☐ Delete	TITLE NAMI					Change	☐ Addition	0/2
NAME STREET ADDRESS CITY-ST-ZIP	LYONS, BOBBY R 12220 TOWNE LAKE DRIVE #1 FORT MYERS FL		STRE	ET ADDRESS -ST-ZIP		,				1/ 6000
TITLE	-	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	၂ရိ
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		900003 -02/02	2/010	2 69 1039	2 011	
TITLE		☐ Delete	TITLE			****	<u>:55.00</u>	Change	Addition	-
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TITLE		Delete	TITLE			/		Change	Addition	
NAME			NAMI		N	\mathcal{A}				
STREET ADDRESS CITY-ST-ZIP				et adoress -St-Zip	7					
TITLE	,	☐ Delete	TITLE				I	Change	Addition	
NAME STREET ADDRESS	The same of the sa	•	NAM! STRE	ET ADORESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE ,	** ** ** ** ** ** ** ** ** ** ** ** **	☐ Delete	TITLE NAMI			~		Change	Addition	
STREET ADDRESS		•	STRE	ET ADDRESS		•				
CITY-ST-ZIP	artific that the information according to	this filing does not qualify for		-ST-ZIP	otion 110	77(3Vi) Florida Statutas	further cort	u that the is	nformation	
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1/1/01 941-7.68-3063 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANY SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despiting Phone #										