

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90026 001 ****50.00

DOCUMENT # L99000004335

1. Entity Name

RESERVE PLANNING, LLC



Principal Place of Business

7350 S TAMIAHI TR
#210
SARASOTA FL 34231

Mailing Address

7350 S TAMIAHI TR
#210
SARASOTA FL 34231

2. Principal Place of Business

333 S. TAMIAHI TR

Suite, Apt. #, etc.

#283

City & State

VENICE, FL

Zip

34285

Country

USA

3. Mailing Address

333 S. TAMIAHI TR

Suite, Apt. #, etc.

#283

City & State

VENICE, FL

Zip

34285

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0936876**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, HAROLD O
7350 SOUTH TAMIAHI TRAIL
SUITE 210
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name **HAROLD O. MILLER**

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

333 S. TAMIAHI TR, #283

City **VENICE**

FL

Zip Code

34285

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MILLER, HAROLD O**
STREET ADDRESS **7350 SOUTH TAMIAHI TRAIL SUITE 210**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

941-488-4688

CR2E083 (4/03)

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