

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90014 050 ****50.00

DOCUMENT # L99000005347

1. Entity Name

HERMAN BAER, L.L.C.



Principal Place of Business

**3015 NORTH WEST 75TH STREET
GAINESVILLE FL 32606**

Mailing Address

**3015 NORTH WEST 75TH STREET
GAINESVILLE FL 32606**

2. Principal Place of Business

SAR

3. Mailing Address

SAR

Suite, Apt. #, etc.

NR

Suite, Apt. #, etc.

NR

City & State

SAR

City & State

SAR

Zip

32606

Country

USA

Zip

32606

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3599837**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAER, HERMAN
3015 NORTH WEST 75TH STREET
GAINESVILLE FL 32606**

Name

NR

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

NR

City

NR

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. 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAER, HERMAN
3015 NORTH WEST 75TH STREET
GAINESVILLE FL 32606**

☐ Delete

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

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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:

HERMAN BAER

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

1/27/03

Date

352-378-4414

Daytime Phone #

CR2E083 (10/02)