

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90370 040 ****50.00

DOCUMENT # **L99000005368**

1. Entity Name

ORLANDO CHEEBUNGEN, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5814 CONROY RD.

Suite, Apt. #, etc.

3. Mailing Address

15951 MCGREGOR BLVD

Suite, Apt. #, etc.

STE. #2A

City & State

ORLANDO, FL.

City & State

FT. MYERS, FL.

Zip

Country

32835

U.S.

Zip

Country

33908

U.S.

4. FEI Number

59-3602299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEITH J. KANOUSE

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

6879 GIRALDA CIR.

City

BOCA RATON

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
BRUCE ZICARI
15951 MCGREGOR BLVD #2A
FT. MYERS, FL. 33908**

TITLE
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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:

Bruce Zicari

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

6/30/02

Date

Daytime Phone #

CR2E083B (12/01)