

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005590

1. Entity Name
MITCHELL REALTY "L.L.C."

FILED

01 JAN 26 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
15302 STRATHEARN DR
#11302
DELRAY BEACH FL 33446

Mailing Address
15302 STRATHEARN DR
#11302
DELRAY BEACH FL 33446

2. Principal Place of Business
7449 GLENDELL LN

3. Mailing Address
SAME

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.
SAME

City & State
DELRAY BEACH, FL

City & State
SAME

4. FEI Number 52-2203101

Applied For
Not Applicable

Zip
33446

Country
FL

Zip
SAME

Country
SAME

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

MITCHELL, ROBERT K
15302 STRATHEARN DR
#11302
DELRAY BEACH FL 33446

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 Robert K Mitchell

1-23-01

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME MGRM
STREET ADDRESS MITCHELL, ROBERT K
CITY-ST-ZIP 15302 STRATHEARN DR #11302
DELRAY BEACH FL 33446

TITLE
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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: Robert K Mitchell

01-23-01 561-638-3671

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

Date

Daytime Phone #

CR2E083 (11/00)