

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90036 005 ****50.00

DOCUMENT # L99000005590

1. Entity Name

MITCHELL REALTY "L.L.C."

Principal Place of Business

**7449 GLENDEVON LN.
 #105
 DELRAY BEACH FL 33446**

Mailing Address

**7449 GLENDEVON LN.
 #105
 DELRAY BEACH FL 33446**

2. Principal Place of Business

**7449 GLENDEVON LN
 Suite, Apt. #, etc.
 #105**

3. Mailing Address

**7449 GLENDEVON LN
 Suite, Apt. #, etc.
 #105**



DO NOT WRITE IN THIS SPACE

**City & State
 DELRAY Bch. FL**

**Zip
 33446**

**Country
 Palm Bch**

**City & State
 DELRAY Bch. FL**

**Zip
 33446**

**Country
 Palm Bch**

4. FEI Number **52-2203101**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MITCHELL, ROBERT K**

Street Address (P.O. Box Number is Not Acceptable) **7449 GLENDEVON LN #105**

City **DELRAY Bch**

FL

Zip Code **33446**

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**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT K MITCHELL

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **MGRM** ☒ Change ☐ Addition
 NAME **MITCHELL, ROBERT K**
 STREET ADDRESS **7449 GLENDEVON LN #105**
 CITY-ST-ZIP **DELRAY Bch FL 33446**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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** (ROBERT K MITCHELL)

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

Date **1-8-02** Daytime Phone # **561-638-3671**

CR2E083 (9/01)