

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 012 ****50.00

954289



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005691

1. Entity Name

CYPRESS LAKES, LLC

Principal Place of Business

4315 PABLO OAKS CT.
 SUITE 1
 JACKSONVILLE FL 32224-9667

Mailing Address

4315 PABLO OAKS CT.
 SUITE 1
 JACKSONVILLE FL 32224-9667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598811

Applied For

Not Applicable

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

BRAREN, MICHAEL E
 9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256

Name

BRAREN, MICHAEL E.

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

4315 PABLO OAKS COURT, SUITE 1

City

JACKSONVILLE

FL

Zip Code
 32224

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

Michael E. Braren

Michael E. Braren

4/17/02

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 BRAREN, MICHAEL F
 4315 PABLO OAKS CT., SUITE 1
 JACKSONVILLE FL 32224-9667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BRAREN, MICHAEL E. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Michael E. Braren
 Michael E. Braren
 Managing Member

4/17/02

904/482-1100

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

Date

Daytime Phone #

CR2E083 (9/01)