

2001 UNIFORM BUSINESS REPORT (UBR)

0023499 AF

DOCUMENT # L99000006052

1. Entity Name

RENAR WATERFRONT PROPERTIES, LLC.

FILED

01 MAY -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3350 NW ROYAL OAK DRIVE
JENSEN BEACH FL 34957

Mailing Address

3350 NW ROYAL OAK DRIVE
JENSEN BEACH FL 34957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0954151

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOX, M. LANNING

1100 SOUTH FEDERAL HWY

STUART FL 34995

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

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

900004324169--5
-05/29/01--01004--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DOSS, ARDEN
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE MGRM ☐ Delete
NAME DOSS, RENEE
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE MGRM ☐ Delete
NAME ROWE, RHONDA S
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Rhonda S. Rowe

MGR

4-20-01

(561) 692-7800

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

Date

Daytime Phone #

CR2E083 (11/00)