

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006198

1. Entity Name

SHELTAIR ORLANDO, LLC

Principal Place of Business

4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

Mailing Address

4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334-4804

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

Applied FOR

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

SCHMATZ, JOHN F
4860 NE 12TH AVENUE
FORT LAUDERDALE FL 33334

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HOLLAND, GERALD M
4860 NE 12TH AVE
FORT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400003208424--2
-04/13/00--01134--011
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
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MGRM
SCHMATZ, JOHN F
4860 NE 12TH AVE
FORT LAUDERDALE FL ☐ Delete

TITLE
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☐ 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:

Gerald M. Holland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/21/2010

Date

954-491-2641

Daytime Phone #

APPROVED
AND
FILED

00 MAR 29 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2F083 (9/99)