

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90011 050 \*\*\*\*50.00

DOCUMENT # **L99000006309**

1. Entity Name

SEASONS IN THE SUN LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2400 Seasons In The Sun Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

City & State

Mims, Florida

City & State

Zip

32754

Country

USA

Zip

Country

4. FEI Number

593605307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**14024951**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Heather Calligan

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

2400 Seasons In The Sun Blvd

City

Mims

FL

Zip Code

32754

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

/Heather Calligan

07/02/04

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Managing Member  
Calligan, Heather  
2400 Seasons In The Sun Blvd  
Mims, FL 32754

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Member  
Calligan, Brian A.  
2400 Seasons In The Sun Blvd  
Mims, FL 32754

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

/Heather Calligan

July 2, 2004 321-385-0440

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

Date

Daytime Phone #

CR2E083B (12/02)