

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000430**

1. Entity Name
VOYAGER MISSION GROUP LLC

LLC APPROVED
AND
FILED

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**771 N. PINE ISLAND Rd.
Suite 106
PLANTATION, FL 33324**

2. Principal Place of Business 3. Mailing Address
1110 W. Oakland Park Blvd 1110 W. Oakland Park Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
226 # 226

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Sunrise, FL Sunrise, FL 65-1001489 Not Applicable
Zip Zip
33351 Broward 33351 Broward 5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

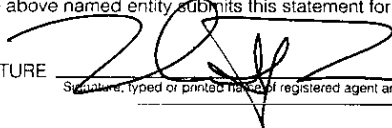
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Michael Turner
771 N. Pine Island Rd.
Ste 106
Plantation, FL 33324**

Name
Michael Turner
Street Address (P.O. Box Number is Not Acceptable)
1110 W. Oakland Park Blvd # 226
City **Sunrise** FL Zip Code **33351**

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 Turner, manager** **4.25.00**
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

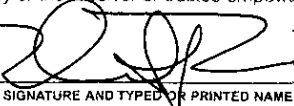
9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | manager Michael Turner 1110 W. Oakland Park Blvd. Sunrise, FL 33351 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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*******55.00 *****55.00**

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 Turner** **4.25.00** **954.217.8047**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)