

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006679

1. Entity Name
LIGHTHOUSE CONSTRUCTION, L.L.C.

Principal Place of Business
P.O. BOX 562693
MIAMI FL 33256

Mailing Address
P.O. BOX 562693
MIAMI FL 33256

FILED

01 FEB 27 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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 65-0955082

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

BENGTON, DAVID K
15015 S.W. 148 STREET
MIAMI FL 33196

Name David Bengtson

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

10820 SW 74 CT

City Miami

FL

Zip Code 33156

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 MGR
NAME BENGTON, DAVID K
STREET ADDRESS 15015 S.W. 148 STREET
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE MGR
NAME David Bengtson
STREET ADDRESS 10820 SW 74 CT
CITY-ST-ZIP Miami FL 33156 ☒ 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

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:

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

Date

Daytime Phone #

2/1/00 (305) 219-5335

0028158 AF

CR2E083 (11/00)