

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90094 001 ****50.00

DOCUMENT # L99000006702

1. Entity Name
GREGORY BUTTE, LLC

Principal Place of Business

**C/O RAIMO PIRSKANEN
 4801 SE 11TH AVE.
 OCALA FL 34480**

Mailing Address

**C/O RAIMO PIRSKANEN
 4801 SE 11TH AVE.
 OCALA FL 34480**

908169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3492 Tripoli Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

3492 Tripoli Blvd.
 Suite, Apt. #, etc.

City & State

PUNTA GORDA

City & State

PUNTA GORDA

4. FEI Number

59-3603224

Applied For
 Not Applicable

Zip

33950

Country

Florida, USA

Zip

33950

Country

Florida, USA

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

**PIRSKANEN, RAIMO
 4801 SE 11TH AVE.
 OCALA FL 34480**

Name

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

3492 Tripoli Blvd.

City

PUNTA GORDA

FL

Zip Code

33950

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIRSKANEN, RAIMO 4801 SE 11TH AVENUE OCALA FL 34480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3492 Tripoli Blvd. PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED PIRSKANEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/02

Date

Daytime Phone #

CR2E083 (9/01)