

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90015 017 ****50.00

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DOCUMENT # L99000006732

1. Entity Name

GATEWAY CROSSING, LLC



Principal Place of Business

**78 W. CHURCH STREET, SUITE 130
ORLANDO FL 32801**

Mailing Address

**P.O. BOX 3149
ORLANDO FL 32802**

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 **52-2197514**

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

KLING, ROBERT I

**78 W. CHURCH STREET, SUITE 130
ORLANDO FL 32801**

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

Judith B. Argao

Asst. Secretary & V. President

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KLING, ROBERT I
78 W CHURCH ST., STE 130
ORLANDO FL 32801**

☐ Delete

TITLE
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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

Robert I. Kling

5-1-03 407-316-8800

Date

Daytime Phone #

CR2E083 (10/02)