

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006856**

1. Entity Name

DEL SOL OF KEY WEST, L.L.C.

FILED

00 JAN 26 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

402 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

Mailing Address

402 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301-2757

2. Principal Place of Business

~~3200 WOODHILL DR.~~

Suite, Apt. #, etc.

419-C DUVAL ST

City & State KEY WEST FL

Zip 33040

~~32303~~

Country MONROE

~~LEON~~

3. Mailing Address

3200 Woodhill Dr.

Suite, Apt. #, etc.

City & State

Talla FL

Zip

32303

Country

LEON

4. FEI Number

59-3601089

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FULLER, LOULA M
402 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE MGR
NAME DEL SOL OF FLORIDA, INC.
STREET ADDRESS 402 OFFICE PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME JERRY W. AYERS MGR
STREET ADDRESS 3200 WOODHILL DR.
CITY-ST-ZIP TALLA, FL 32303 ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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
JERRY W. AYERS

Date 1/5/00

Daytime Phone # 850 536 9886