

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90138 027 ****50.00

DOCUMENT # L99000007476

1. Entity Name

AZAR MIRACLE PRIMING LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o David P. Buser

Suite, Apt. #, etc.

775 First Avenue North

City & State

Naples, Florida

Zip

34102

Country

USA

3. Mailing Address

c/o David P. Buser

Suite, Apt. #, etc.

775 First Avenue North

City & State

Naples, Florida

Zip

34102

Country

USA

4. FEI Number

593606817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CLASP INC.

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

3001 Tamiami Trail North, 4th Floor

City

Naples

FL

Zip Code
34103

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member
Luckett Florence
54 San Remo Circle
Naples, Florida 34102-9117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member
David P. Buser
775 First Avenue North
Naples, Florida 34102

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IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE

David P. Buser
David P. Buser, Managing Member

239-262-3399

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

Date

Daytime Phone #

CR2E083B (12/01)