

DOCUMENT # L99000007719

1. Entity Name

WARM MINERAL SPRINGS PLAZA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 11:02

Principal Place of Business

C/O ANN L. CURTIS
2119 LYCHEE LANE
NOKOMIS FL 34275

Mailing Address

C/O ANN L. CURTIS
2119 LYCHEE LANE
NOKOMIS FL 34275

2. Principal Place of Business

2119 Lychee Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

Zip
34275

Country
U.S.

Zip

Country

4. FEI Number

264-08-4910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKWOOD, PETER T
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD., SUITE 700
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Ann L. Curtis

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

2119 LYCHEE LANE

City

Nokomis

FL

Zip Code

34275

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

Peter T. Kirkwood

Ann L. Curtis

9/25/00

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/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ann L. Curtis ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. *Managing Member* ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Ann L. Curtis ☐ Change ☒ Addition
2119 Lychee Lane
Nokomis FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
800003456478--3
-11/07/00--0114--010
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Ann L. Curtis

9/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #