

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

0051330

DOCUMENT # L99000007843

1. Entity Name

LMC HOLDING, L.L.C.

04-07-2002 90067 017 *****55.00

Principal Place of Business

**103 MASS BLOFF
 KISSIMMEE FL 34746**

Mailing Address

**103 MASS BLOFF
 KISSIMMEE FL 34746**

00003120

2. Principal Place of Business

2108 MICHIGAN AVE.

3. Mailing Address

2108 MICHIGAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3609997

Applied For

Not Applicable

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMARCHE, CARLOS J
 103 MOSS BLUFF
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **LAMARCHE, CARLOS J.**

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

202 BAY MEADOW DR.

City **KISSIMMEE**

FL

Zip Code

34746

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)

03/22/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 LAMARCHE, CARLOS JULIO
 103 MASS BLOFF
 KISSIMMEE FL 34746** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 MARTINEZ, RAMON ANDRES MORA
 103 MASS BLOFF
 KISSIMMEE FL 34746** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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 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:

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

03/22/02 (407) 460-5916

Date

Daytime Phone #

CR2E083 (9/01)