

2001 UNIFORM BUSINESS REPORT (UBR)

0007411 AF

DOCUMENT # L99000007952

1. Entity Name
310 SEAVIEW AVENUE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:48

Principal Place of Business
~~% LAW OFFICES OF THOMAS D. WRIGHT, CHTRD~~
9711 OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address
% LAW OFFICES OF THOMAS D. WRIGHT, CHTRD
9711 OVERSEAS HIGHWAY
MARATHON FL 33050



2. Principal Place of Business
325 Post Road West
Suite, Apt. #, etc.

3. Mailing Address
325 Post Road West
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTPORT, CT

City & State
WESTPORT, CT

4. FEI Number
06-1565048

Applied For
Not Applicable

Zip
06880

Country
USA

Zip
06880

Country
USA

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

WRIGHT, THOMAS D
9711 OVERSEAS HIGHWAY
MARATHON FL 33050

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, KELLY M 325 POST ROAD WEST WESTPORT CT 06880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003887800-5 -03/20/01-01030-009 *****58.00 *****58.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2/28/01 203-227-5151

CR2E083 (1/1/00)