

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90093 002 ****50.00

DOCUMENT # L99000008299

1. Entity Name

SR PROPERTIES, LLC



Principal Place of Business

3901 ST. LUCIE BLVD.
FORT PIERCE FL 34946

Mailing Address

725 EAST 40TH STREET
HOLLAND MI 49423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1063533

Applied For

Not Applicable

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

SLIKKERS, THOMAS B
390 ST. LUCIE BLVD.
FT. PIERCE FL 34946

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
	MGRM	RINGWELSKI, SUSAN	1784 S. SHORE DR. HOLLAND MI 49423	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	SLIKKERS, THOMAS B	3901 ST. LUCIE BLVD. FORT PIERCE FL 34946	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	SLIKKERS, ROBERT L	6553 CREEKWOOD AVENUE HOLLAND MI 49423	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MGRM	SLIKKERS, DAVID A	13 CAROUSEL LANE HOLLAND MI 49423	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: THOMAS B. SLIKKERS

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

04/30/03

Date

616 392-7163

Daytime Phone #

0074114

CR2E083 (10/02)