

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008493

1. Entity Name

VILLAGE FINANCIAL SERVICES, L.L.C.

FILED

01 APR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

27 NORTH SUMMERLIN AVENUE
ORLANDO FL 32801

Mailing Address

27 NORTH SUMMERLIN AVENUE
ORLANDO FL 32801

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

59-3614558

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

GIMENEZ, REBEKAH

27 NORTH SUMMERLIN AVENUE
ORLANDO FL 32801

Name

Barry L. Miller

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

33 N. Summerlin Ave.

City

Orlando

FL

Zip Code

32801

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)

DATE

4/22/01

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

300004078163--2
-04/25/01--01089--018
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MILLER, BARRY L
33 NORTH SUMMERLIN AVENUE
ORLANDO FL 32801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAMPY, PHILLIP C
27 NORTH SUMMERLIN AVENUE
ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Rampy, Phillip C ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/22/01

CR2E083 (11/00)