

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90054 028 ****50.00

DOCUMENT # L99000008590

1. Entity Name

LIPPHARDT PROPERTIES, L.L.C.

Principal Place of Business

CHRIS ACHEE
3423 S.W. ASH PLACE
PALM CITY FL 34990

Mailing Address

CHRIS ACHEE
3423 S.W. ASH PLACE
PALM CITY FL 34990

2. Principal Place of Business

3807 NE Melba Dr.

3. Mailing Address

3807 NE Melba Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach, FL.

City & State

Jensen Beach, FL.

4. FEI Number

65-0964960

Applied For

Not Applicable

Zip

34957

Country

Martin

Zip

34957

Country

Martin

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ACHEE, CHRIS
3423 S.W. ASH PLACE
PALM CITY FL 34990

*change
of
address*

7. Name and Address of New Registered Agent

Name

ACHEE, Chris

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

3807 NE Melba Drive

City

JENSEN BEACH

FL

Zip Code

34957

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ACHEE, CHRIS
3423 S.W. ASH PLCE
PALM CITY FL 34990

☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ACHEE, Chris
3807 NE Melba Drive
Jensen Beach, FL. 34957

☒ Change ☐ Addition

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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

9/15/2002

772

692-4452

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

Date

Daytime Phone #

CR2E083 (4/02)