

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008963

1. Entity Name
LIQUIDGOLF VENTURE PARTNERS II, LLC.

FILED

00 MAR 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Gerald Penker
101 Philippe Pkwy
Safety Harbor, FL 34695

4. Fee Number **Applied For**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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 *[Signature]* **DATE** 03/27/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

MEM Raymond Bauder
101 Philippe Pkwy #310
Safety Harbor, FL 34695

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

100003183501-013
-03/24/00--01091--013
*****50.00 *****50.00

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]* **03/03/00** **669-0040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/99)