## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L9900009210

Vicki L. Healy, LLC

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address May 12, 2002 8:00 am Secretary of State

05-12-2002 90597 003 \*\*\*\*50.00

952992

2317SW SI Street	1SW SI Street 2317 SW SIST ST			958298		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
CAPE CORAL FL	CAPE CORA	LFL	4. FELNumber	40361	Applied For Not Applicable	
-33914	33914	Country	5. Certificate of Stat		\$5.00 Additional Fee Required	
DO NOT	-	iname /	7. Name and Address		ed Agent	
<u> </u>		City			Zip Code	
8. The above named entity submits this stater	registered office or register	e or registered agent, or both, in the State of Florida.				
SIGNATURE Signature, typest or printed name of registers		J The Three or Togratio	— Out agenii, bi boin, in the	State of Florida.	,	
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· · · · · · · · · · · · · · · · · · ·	Make Check Pa	FEE IS \$50.00 yable to Department o IUE BY MAY 1	f State		ATT TO THE REPORT OF THE PARTY AND THE PARTY	
9. MANAGING M	IEMBERS/MANAGERS			<del></del> _		
NAME STRFET ADDRESS CITY-ST-ZIP CAPE CORAL ST	F St. 33914	TITLE NAME STREET ADDRESS CITY-S1-ZIP				
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Thereby certify that the information supplied indicated on this report is true and accurate fimited liability company or the receiver or true.	with this filing does not qualify for the and that my signature shall have the state empowed to every		on 119.07(3)(i), Florida S de under oath; that Fam	Statutes. I further certif	y that the information	

imited flability company or the receiver or trustee empoweded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING M

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE