

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000741

1. Entity Name

VELETTE, L.L.C.

Principal Place of Business

401 S BOSTON  
SUITE 230  
TULSA OK 74103

Mailing Address

401 S BOSTON  
SUITE 230  
TULSA OK 74103

2. Principal Place of Business

7400 S. TAMiami TRAIL  
Suite, Apt. #, etc.

3. Mailing Address

7400 S. Tamiami Trail  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

73-1562213

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, CAROLANN  
7400 S TAMiami TRAIL  
SARASOTA FL 34231

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, 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

9. MANAGING MEMBERS/MEMBERS

TITLE: President  
NAME: CAROLANN MERRITT MUNSON  
STREET ADDRESS: 7400 S. TAMiami TRAIL  
CITY-ST-ZIP: SARASOTA, FL 34229

10. ADDITIONS/CHANGES

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

TITLE: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition  
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

01/21/01 941-918-1999

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

Date

Daytime Phone #

CR2E083 (11/00)

0029829 AF

FILED

2001 MAY 10 PM 12:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE