

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001690

1. Entity Name

SLENDER LIFE CAPE CORAL, LLC

Principal Place of Business

3326 DEL PRADO BLVD.
#4
CAPE CORAL FL 33904

Mailing Address

3326 DEL PRADO BLVD.
#4
CAPE CORAL FL 33904

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

4307 S. DEL PRADO BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #4 & #5

City & State

CAPE CORAL FL 33904

City & State

Zip

Country

33904

USA

Zip

USA

4. FEI Number

88-0468821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PUARIEA, LOUIS D
26373 MADAGASCAR RD
PUNTA GORDA FL 33983

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 relocating)

DATE

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

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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

Date

Daytime Phone #

CR2E083 (11/00)