

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90193 022 ****50.00

DOCUMENT # M 00000002516

1. Entity Name

NATH FORT ORANGE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 EAST 79th STREET

3. Mailing Address

900 EAST 79th STREET

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

BLOOMINGTON, MN

City & State

BLOOMINGTON, MN

Zip

55420-1392

Country

Zip

55420-1392

Country

4. FEI Number

41-1986381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: ~~MAHENDRA NATH~~ MGRM
NAME: MAHENDRA NATH
STREET ADDRESS: 900 EAST 79th STREET/SUITE 300
CITY - ST - ZIP: BLOOMINGTON, MN 55420-1392

TITLE: ~~MAHENDRA NATH~~ MGR
NAME: ASHA NATH
STREET ADDRESS: 900 EAST 79th STREET/SUITE 300
CITY - ST - ZIP: BLOOMINGTON, MN 55420-1392

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IN THIS SPACE**

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:

MAHENDRA NATH

MAHENDRA NATH MANAGING MEMBER 4.15.02

952.853.1400

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

Date

Daytime Phone #