

BEINSTATEMENT M01000001568

0016835

DOCUMENT # M01000001568

1. Entity Name

PARKWOOD MOBILEHOME PARK, LLC

FILED

02 DEC 23 PM 5:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



12/23/2002

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

646 A STREET
SUITE 101
SAN DIEGO CA 92101

646 A STREET
SUITE 101
SAN DIEGO CA 92101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-3400885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELANICH, JOHN A
4000 NOVA RD
PORT ORANGE FL 32127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOHN A. BELANICH, REGISTERED AGENT John A. Belanich

12-18-02

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
Due By September 25, 2002

600009441026
12/10/02--01083--001 **150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MANAGER~~ ☐ Delete
NAME JOHN A BELANICH
STREET ADDRESS 646 A STREET SUITE 101
CITY-ST-ZIP SAN DIEGO, CA 92101

TITLE MGRM ☐ Change ☒ Addition
NAME JOHN A BELANICH
STREET ADDRESS 646 A STREET SUITE 101
CITY-ST-ZIP SAN DIEGO, CA 92101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition
NAME RAFFAELLA BELANICH
STREET ADDRESS 646 A STREET SUITE 101
CITY-ST-ZIP SAN DIEGO, CA 92101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: MANAGER JOHN A. BELANICH, MANAGER

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

12-08-02
109-233-1903
RAFFAELLA BELANICH

Date Daytime Phone #

CR2E083 (4/02)