

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90050 025 \*\*\*\*50.00

**DOCUMENT # M01000001594**

1. Entity Name  
**CORRION ENTERPRISES, L.L.C.**



Principal Place of Business

~~1009 ESSEX CIRCLE  
KALAMAZOO MI 49008~~

**4975 Bonita Beach Rd. #207  
Bonita Springs, FL 34134**

Mailing Address

~~1009 ESSEX CIRCLE  
KALAMAZOO MI 49008~~

**4975 Bonita Beach Rd. #207  
Bonita Springs, FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**4975 Bonita Beach Rd. #207**

Suite, Apt. #, etc.

**4975 Bonita Beach Rd. #207  
Bonita Springs, FL 34134**

City & State **Bonita Springs, FL 34134**

City & State

Zip

Country **USA**

Zip

Country **USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3245946**

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

**VLECK, PAM V  
13131 UNIVERSITY DRIVE  
FT MYERS FL 33907**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CORRION, ROBERT R</b> <del>1009 ESSEX CIRCLE KALAMAZOO MI</del> <b>4975 Bonita Beach Rd. #207 Bonita Springs, FL 34134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ROBERT R CORRION**

Date

Daytime Phone #

CR2E083 (10/02)