

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90152 024 ****50.00

DOCUMENT # M02000000472

1. Entity Name

INSPIRED LIFE DEVELOPMENT, LLC



Principal Place of Business

**3343 S KIRKMAN RD
SUITE 726
ORLANDO FL 32811**

Mailing Address

**3343 S KIRKMAN RD
SUITE 726
ORLANDO FL 32811**

2. Principal Place of Business

6003 ANNO AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6003 ANNO AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO FL.

Zip

32809

Country

USA

Zip

32809

Country

USA.

4. FEI Number **59-3509780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DENNISON, SCOTT A
3343 S KIRKMAN RD
SUITE 726
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

DENNISON, Scott A.

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

6003 ANNO AVENUE

City

ORLANDO

FL

Zip Code

32809

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

Scott A. Dennison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/7/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DENNISON, SCOTT A**
STREET ADDRESS **3343 S KIRKMAN RD SUITE 726**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **MGR** ☐ Delete
NAME **STERNE, HARRISON M**
STREET ADDRESS **7981 ST ANDREWS CIR**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Scott A. Dennison

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

3-7-03

Date

407/240-4479

Daytime Phone #

CR2E083 (10/02)