

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

2003 JUN -5 PM 4:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # MO2000001427

1. Entity Name

S & B 33904 DEVELOPMENT LTD. CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3119 S E 22ND PLACE

Suite, Apt. #, etc.

3. Mailing Address

3119 S E 22ND PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

4. FEI Number

30-0059548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN L. MCGARRY

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

3119 S E 22ND PLACE

City

CAPE CORAL

FL

Zip Code

33904

DO NOT WRITE
IN THIS SPACE

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BENJAMIN L MCGARRY

3119 S E 22ND PLACE

CAPE CORAL FL 33904

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

400020777624
05/11/03-01049-002 \$50.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

THEODA A MCGARRY

3119 S E 22ND PLACE

CAPE CORAL FL 33904

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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:

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

Date

Daytime Phone #

239-549-0036