

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90087 005 ****50.00

DOCUMENT # M02000001724

1. Entity Name

REGENCY MULTIFAMILY SERVICES, LLC



Principal Place of Business

**531 BOLL WEEVIL CIRCLE
ENTERPRISE AL 36330**

Mailing Address

**531 BOLL WEEVIL CIRCLE
ENTERPRISE AL 36330**

2. Principal Place of Business

3. Mailing Address

PO Box 311132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Enterprise AL

Zip

Country

Zip

Country

36331 USA

4. FEI Number

APPLIED FOR

76 0701730

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

**BLAKE, SUE
4060 DANCING CLOUD COURT
DESTIN FL 32541**

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
**MGR
COTTER, BILLY G
531 BOLL WEEVIL CIRCLE
ENTERPRISE AL 36330**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERRELL, KATHLEEN M
531 BOLL WEEVIL CIRCLE
ENTERPRISE AL 36330**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

Kathleen M. Ferrell

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

Date

Daytime Phone #

1-14-03

**334
347
0049**

CR2E083 (10/02)