

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90035 043 \*\*\*\*50.00

DOCUMENT # M02000003158

1. Entity Name

LMNOP LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4580 S. OCEAN DR.

3. Mailing Address

22727 EDGECLIFF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE, FL

City & State

Euclid OH

4. FEI Number

38-3665419

Applied For

Not Applicable

Zip  
34949

Country  
USA

Zip

44123

Country  
USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD DAVIS

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

250 AUSTRALIAN AVE S. # 1601

City

W. PALM BEACH

FL

Zip Code

33401

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 Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MANAGING MEMBER  
JEFFERY C. LINKER  
22727 EDGECLIFF DR.  
EUCLID OH 44123

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CITY - ST - ZIP

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IN THIS SPACE**

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:

JEFFERY C. LINKER  
MANAGING MEMBER

4/11/03 216.26-5991

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

Date

Daytime Phone #

CR2E083B (12/02)