

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90046 035 *****50.00

DOCUMENT # M97000000661

1. Entity Name

REALMARK ATLANTA II, L.L.C.

Principal Place of Business

**6200 SUGARLOAF KEY RD
PUNTA GORDA FL 33955**

Mailing Address

**6200 SUGARLOAF KEY RD
PUNTA GORDA FL 33955**

2. Principal Place of Business

1900 Lagoon Lane

Suite, Apt. #, etc.

3. Mailing Address

1900 Lagoon Lane

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33914

Country

USA

City & State

Cape Coral, FL

Zip

33914

Country

USA

4. FEI Number

58-2328968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROONEY, J. MICHAEL
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STOUT, WILLIAM J JR.**
STREET ADDRESS **3021 BIG BEND CIRCLE**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **MEM** ☐ Delete
NAME **SHEEHAN, ROBERT L**
STREET ADDRESS **5395 ROSWELL ROAD, STE. 200**
CITY-ST-ZIP **ATLANTA GA 30342**

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

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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:

SIGNATURE *William J. Stout, Jr.* **3/11/02 944-544-1372**

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

Date

Daytime Phone #

CR2E083 (9/01)