

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000140

1. Entity Name

OUT-OF-THE-WATER ENTERPRISES, LLC

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1156 NE OCEANVIEW CIR.
JENSEN BEACH FL 34957

1156 NE OCEANVIEW CIR.
JENSEN BEACH FL 34957-3714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781384

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANGER, JEFFREY S

1156 NE OCEANVIEW CIR
JENSEN BEACH FL 34957

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

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM SANGER, JEFFREY S ☐ Delete
STREET ADDRESS 1156 NE OCEANVIEW CIR
CITY- ST- ZIP JENSEN BEACH FL 34957

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 2000003119382--2
CITY- ST- ZIP -02/01/00--01122--018
*****50.00 *****50.00

TITLE NAME MGRM SANGER, KAREN P ☐ Delete
STREET ADDRESS 1156 NE OCEANVIEW CIR.
CITY- ST- ZIP JENSEN BEACH FL 34957

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

JEFFREY S. SANGER

01-06-00

Date

561-334-7805

Daytime Phone #