

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90022 025 *****50.00

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DOCUMENT # M98000000656

1. Entity Name

GULFSTREAM, LLC



Principal Place of Business

**31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334**

Mailing Address

**31550 NORTHWESTERN HIGHWAY, SUITE 110
FARMINGTON HILLS MI 48334**

2. Principal Place of Business

31550 NORTHWESTERN HWY

3. Mailing Address

31550 NORTHWESTERN HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FARMINGTON HILLS MI

City & State

FARMINGTON HILLS MI

Zip

48334

Country

USA

Zip

48334

Country

USA

4. FEI Number

52-2102273

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EASTMAN, DAVID D
2155 DELTA BLVD., STE 210B
TALLAHASSEE FL 32303**

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. 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

TITLE **MGRM** ☐ Delete
NAME **PARTRICH, ROSS H**
STREET ADDRESS **P.O. BOX 339695 N/A**
CITY-ST-ZIP **FARMINGTON HILLS MI 48333**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/03 218 6260737

Date

Daytime Phone #

CR2E083 (10/02)