

2001 UNIFORM BUSINESS REPORT (UBR)

0027298 AF

DOCUMENT # M98000001235

1. Entity Name
EUSTIA ASSOCIATES, L.L.C.

FILED

01 MAR 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

18700 W. 10 MILE
SOUTHFIELD MI 48075

Mailing Address

18700 W. 10 MILE
SOUTHFIELD MI 48075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3435941

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARICKN, MICHAEL
38141 MAYWOOD BAY DRIVE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name LINDSEY THOMPSON

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

38141 MAYWOOD BAY DRIVE

City LEESBURG

FL

Zip Code 34788

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 LINDSEY THOMPSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME BEER, PETER
STREET ADDRESS 18700 W. 10 MILE
CITY-ST-ZIP SOUTHFIELD MI 48075

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400003891304--8
-03/21/01--01105--020
*****50.00 *****50.00

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/01 (248) 557-1050
Date Daytime Phone #

CR2E083 (11/00)