

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90569 039 ****50.00

DOCUMENT # M98000001235

1. Entity Name

EUSTIA ASSOCIATES, L.L.C.



Principal Place of Business

**18700 W. 10 MILE
SOUTHFIELD MI 48075**

Mailing Address

**18700 W. 10 MILE
SOUTHFIELD MI 48075**

20003311



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**THOMPSON, LINDSEY
38141 MAYWOOD BAY DRIVE
LEESBURG FL 34788**

Name **DANIEL ELLIS**

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

11643 MARTEL COURT

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daniel Ellis*
Signature, typed or printed name of registered agent and title if applicable.

DANIEL ELLIS
(NOTE: Registered Agent signature required when reinstating)

1/7/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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
PETER BEER

1/7/03
Date

557-1050
Daytime Phone #

CR2E083 (10/02)