

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90022 049 ***150.00

DOCUMENT # M99000001412

1. Entity Name

F.P. LIMITED, L.L.C.



Principal Place of Business

Mailing Address

~~1100 SW ST. LUCIE WEST BLVD.~~
~~#208~~
~~PORT ST. LUCIE FL 34986~~

~~1100 SW ST. LUCIE WEST BLVD.~~
~~#208~~
~~PORT ST. LUCIE FL 34986~~

2. Principal Place of Business

3. Mailing Address

6698 SWS Highway 1
Suite, Apt. #, etc.

P.O. Box 7696
Suite, Apt. #, etc.

City & State

City & State

Port St. Lucie FL
Zip 34952 Country

Port St. Lucie FL
Zip 34985-7696 Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2200409

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

NAVARETTA, STEPHEN
1100 S.W. ST. LUCIE WEST BLVD.
#203
PORT ST. LUCIE FL 34986

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)

2-11-03
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	MGR SNYDER, WARD I 6698 SWS Highway 1 1100 SW ST. LUCIE WEST BLVD. #208 PORT ST. LUCIE FL 34986 Post St. Lucie, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

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: Ward I Snyder SIGNATURE REQUIRED

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

2-11-03

772-466-2666