

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-11-2003 90049 040 ****50.00

DOCUMENT # M99000001518

1. Entity Name

NATLIS CAPITAL, L.L.C.



Principal Place of Business

**1200 NORTH FEDERAL HIGHWAY
SUITE 401
BOCA RATON FL 33432
US**

Mailing Address

**1200 NORTH FEDERAL HIGHWAY
SUITE 401
BOCA RATON FL 33432
US**

2. Principal Place of Business

4545 Fuller Drive

3. Mailing Address

4545 Fuller Drive

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Irving, Texas

City & State

Irving, Texas

Zip

75038

Country

US

Zip

75038

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0941491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301**

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 **MGR** ☒ Delete
NAME **SVETE, DAVID W**
STREET ADDRESS **1200 N. FEDERAL HIGHWAY, SUITE 401**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **MGR** ☐ Delete
NAME **SVETE, WILLIAM J**
STREET ADDRESS **6055 EAST VALLEY VIEW**
CITY-ST-ZIP **MENTOR OH 44060**

TITLE **MGR** ☒ Delete
NAME **LANGE, ROGER W**
STREET ADDRESS **100 CYPRESS CREEK ROAD, SUITE 645**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **LAFRANCE, KATHLEEN**
STREET ADDRESS **4545 FULLER DRIVE, SUITE 101**
CITY-ST-ZIP **IRVING, TEXAS 75038**

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

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

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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

Date

Daytime Phone #

972
2-4-03 **972 8708709**
X224

CR2E083 (10/02)