

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90009 037 *****50.00

DOCUMENT # M99000002074

1. Entity Name

BMI GROUP, LLC



Principal Place of Business

**12670 NEW BRITTANY BLVD. #203
FORT MYERS FL 33907**

Mailing Address

**P.O. BOX 3239
GRAND JUNCTION CO 81502**

2. Principal Place of Business

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1306 SE 46TH LN STE 5

City & State

City & State

CAPE CORAL FL

Zip

Country

Zip

Country

33904

USA

4. FEI Number **84-1451921**

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

7. Name and Address of New Registered Agent

**STADLER, JOHN
12670 NEW BRITTANY BLVD, #203
FT MYERS FL 33907**

Name

JOHN STADLER

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

1306 SE 46TH LN SUITE 5

City

CAPE CORAL

FL

Zip Code

33904

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]
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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MCCLELLAND, GLENN A**
CITY-ST-ZIP **123 N 7TH, SUITE 100
GRAND JUNCTION CO 81501**

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

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **MARTIN, CRAIG**
CITY-ST-ZIP **12670 NEW BRITTANY BLVD. SUITE 203
FT. MYERS FL 33907**

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **MARTIN, CRAIG**
CITY-ST-ZIP **104 CHERRY LAUREL DRIVE
CLAYTON, NC 27520**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **STADLER, JOHN A**
CITY-ST-ZIP **12670 NEW BRITTANY BLVD. SUITE 203
FT. MYERS FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/31/03 970-245-9410

CR2E083 (10/02)

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