

4/22

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90236 043 ****50.00
 05-28-2002 91746 022 ***100.00

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

DOCUMENT # **PO1000030255**

1. Entity Name
Sunset Bay Yacht Brokerage, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4103 13th St. Ct. West
 Suite, Apt. #, etc.

3. Mailing Address
11011 30th St. E
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palmetto, FL
 Zip
34221 Country
U.S.

City & State
Parrish, FL
 Zip
34219 Country
U.S.

4. FEI Number **65-1086224** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
 Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Renee Kasson**

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

11011 30th St. East

City **Parrish** FL Zip Code **34219**

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

04-15-02
 DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
NGRM
Jim Schanstra
2611 Shaw Woods Dr.
Rockford, IL 61107

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
Shane Schanstra
11011 30th St. East
Parrish, FL 34219

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**DO NOT WRITE
 IN THIS SPACE**

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: **Shane Schanstra**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-15-02 **941-776-3482**
 Date Daytime Phone #

CR2E083B (12/01)