

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90114 035 ****55.00

DOCUMENT # L00000013995

1. Entity Name
BOKADA, L.L.C.



Principal Place of Business
**NINE THIRD STREET NORTH, STE. 209
ST. PETERSBURG FL 33701**

Mailing Address
**NINE THIRD STREET NORTH, STE. 209
ST. PETERSBURG FL 33701**

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 **59-3683515**

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

**KEATON, KAREN S
111 SECOND AVE., N.E., STE. 610
ST. PETERSBURG FL 33701**

Name **ALGIRAS M. BOBELIS**

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

9-THIRD STREET NORTH, SUITE 209

City **ST. PETERSBURG**

FL

Zip Code **33701**

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

Algis M. Bobelis

1/21/2003

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 **MGR** ☐ Delete
NAME **BOBELIS, C. KAZYS**
STREET ADDRESS **NINE THIRD STREET NORTH, STE. 209**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ Delete
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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 60B, Florida Statutes.

SIGNATURE:

Algis M. Bobelis

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

1/6/2003

Date

727-372-5577

Daytime Phone #

CR2E083 (10/02)