2001 UNIFORM BUSINESS REPORT (UBR)

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Principal Place of Business Mailing Address				1	05000		. 20	
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LARGO, FL 33778 LARGO, FL 33778-1				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal F	/93 1 .	-						
	19344 SEMINICE BLVD			7	DO NOT WRITE IN THIS SPACE			
		City & State LARCO, F4			lumber 373-70-5728		pplied For	
Zip 33	4 1	33779-1732	Country PINCLAS	5. Certif	icate of Status Desired	\$5.00 **	Iditional	
	6. Name and Address of Current R		Thomas	7 Name	and Address of New Registe			
		·	Name					
DEAN ALLI				treet Address (P.O. Box Number is Not Acceptable)				
11625 WALSINGHAM EU					<u> </u>			
LARGO, FL 33778			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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
					-			
	<u>.</u>		WIII FEE IS \$50.00			~		
	•	Make Check Paya	able to Department	of State				
9.	MANAGING MEMBEI	RS/MEMBERS	1 10.	Control of the Control	ADDITIONS/CHAN	IGES		
TITLE	MANAGER	□ Delete	TITLE			☐ Change	Addition	
NAME	NETHU ALL		NAME		30000378:		- - n	
STREET ADDRESS	11695 WALSINGTHAM RD		STREET ADDRESS	`,	-02/27/01-	-010780	21 *** 1	
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP		*****50.	/D *******	50.00	
TITLE	ASSISTANT MANAGEN	☐ Delete	TITLE			☐ Change	Addition :	
NAME	PAULETTE ALLI 11675 WALSINGTHAN ED LARGO, FL 33778	•	NAME				Ţ	
STREET ADDRESS	11625 WALSINGTH		STREET ADDRESS)	
CITY-ST-ZiP	LARGO, FL 33710		CITY-ST-ZIP		<u>. </u>			
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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.								
$\Lambda = \Omega \Lambda$								
SIGNATURE: SIGNATURE: DEM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desprime Phone #								
	SIGNATURE AND ITYED OR PRINTED NAME OF	omining managing Member, Manag	EN, UK AU IMURIZED REPRÉS	PENIATIVE	Date	Daytime Phone #	1	