

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 008 ****50.00

DOCUMENT # L01000004720

1. Entity Name
DERRYANE, LLC



Principal Place of Business

**1664 SIESTA DRIVE
SARASOTA FL 34242**

Mailing Address

**1664 SIESTA DRIVE
SARASOTA FL 34242**

2. Principal Place of Business

1270 QUAIL RUN TR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34239

Country

USA

Zip

Country

4. FEI Number **65-1092933**

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

**O'CONNELL, COLLEEN
1664 SIESTA DRIVE
SARASOTA FL 34242**

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **O'CONNELL, COLLEEN**
STREET ADDRESS **1664 SIESTA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☒ Change ☐ Addition
NAME **O'CONNELL, COLLEEN**
STREET ADDRESS **1270 QUAIL RUN TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E083 (10/02)