

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90570 001 ****50.00

DOCUMENT # L01000005354

1. Entity Name
IMAGE CONSTRUCTION, L.L.C.



Principal Place of Business

**14390 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address

**14390 CARLSON CIRCLE
TAMPA FL 33626**

2. Principal Place of Business

13336 N. Central Ave

Suite, Apt. #, etc.

3. Mailing Address

13336 N. Central Ave

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Country

HILLSBOROUGH

Zip

33612

Country

HILLSBOROUGH

4. FEI Number **59-3708173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEKHOR, DAVID
14390 CARLSON CIRCLE
TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name **DAVID BEKHOR**
Street Address (P.O. Box Number is Not Acceptable)
13336 N. CENTRAL AVE
City **TAMPA** FL Zip Code **33612**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENDALL, KEVIN 14390 CARLSON CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSEN, TED 14390 CARLSON CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBETH, PATRICK 14390 CARLSON CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NANNI, DOUGLAS MD 14390 CARLSON CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKHOR, DAVID 14390 CARLSON CIRCLE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENDALL KEVIN 13336 N. CENTRAL AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HANSEN TED 13336 N. CENTRAL AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NANNI DOUGLAS M.D 13336 N. CENTRAL AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID BEKHOR 13336 N. CENTRAL AVE TAMPA FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 609, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/8/03 813-855-7671

CR2E083 (10/02)