

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 PM 12:49

WR9/29

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032142			
1. Entity Name CRESCENT BEACH GROCERY, LLC			
Principal Place of Business 20 S. BROAD STREET BROOKSVILLE, FL 34601		Mailing Address 20 S. BROAD STREET BROOKSVILLE, FL 34601	
2. Principal Place of Business 1211 OLD STICKNEY RD Suite, Apt. #, etc.		3. Mailing Address 1211 OLD STICKNEY RD Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34242		Zip 34242	
Country USA		Country USA	
4. FEI Number 38-3666160		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FLORIDA & OFFSHORE BUSINESS FORMATION, INC 20 S. BROAD STREET BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent 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's signature required when remaining)		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONNELLY, NANCY D 1211 OLD STICKNEY POINT RD. SARASOTA, FL 34242	☐ Delete	☐ Change ☐ Addition 90002333863 09/25/03--01051--007 **
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.			
SIGNATURE: <u>Nancy D. Connelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

CRE20030925