

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 030 ****50.00

DOCUMENT # L99000001446

1. Entity Name

RINGLING CENTRE, LLC



Principal Place of Business

1255 N. SEEDS AVENUE
SARASOTA FL 34237

Mailing Address

1255 N. SEEDS AVENUE
SARASOTA FL 34237

2. Principal Place of Business

2127 Ringling Blvd
Suite, Apt. #, etc.
Ste 101

3. Mailing Address

2127 Ringling Blvd
Suite, Apt. #, etc.
Ste 101

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

USA

Zip

34237

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0763302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DONALD E
1255 N SEEDS AVENUE
SARASOTA FL 34237

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 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 **MGR** ☐ Delete
NAME **MURPHY, DONALD E**
STREET ADDRESS **1255 N SEEDS AVENUE**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **MGR** ☐ Delete
NAME **MURPHY, LISA M**
STREET ADDRESS **1255 N SEEDS AVENUE**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

4/30/03 941 955-5990

CR2E083 (10/02)

0041455