2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90112 032 ****50.00

DOCUMENT #	L9900000886	۱7
DOCCIVILIA II		"

1. Entity Name

ARAATO	` 	NACE	MEN	T II	\sim
amat(<i>)</i> 171/41	MAGE	AICIA	il, LL	u

AMATO N	MANAGEMENT, LLC			7					
Principal Place 938 PATRICIA DUNEDIN FL 3		Mailing Address 938 PATRICIA AVENUE DUNEDIN FL-34698	·	=:					
						i b uli i bu li 19 11	I 1818 I 1818 I		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE II	F MAKING	CHANGES		
City & Stat	e	City & State		4. FEI Num	59-3615803	<u> </u>		oplied For]
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired		\$5.00 Add	ditional	-
	6. Name and Address of Current	Registered Agent		7. Name at	nd Address of New Re			<u>-</u>	1
A \$ 4 4	ATO OTTBUTA I		Name						1
651	ATO, STEPHEN J SEDGEWICK WAY		Street Address	(P.O. Box Num	ber is Not Acceptable)				1
PAL	M HARBOR FL 34683]
			City			FL	Zip Cod	e	1
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or registe	ered agent, or b	ooth, in the State of Flor	ida. I am fa	amiliar with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if empirable /NOTE: 6	Registered Agent signature require	ad when reinstation)	<u> </u>	DATE			}
	and the second s	- I							1
-	م من المساهد	Make Check Payable	Will FEE IS \$50.00 to Florida Departme			~.			1
			By May 1, 2003						
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/0	CHANGES			_ [
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition	10/02
NAME STREET ADDRESS	AMATO, STEPHEN 651 SEDGEWICK WAY		NAME STREET ADDRESS						1
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP						Ì
TITLE		☐ Delete	TITLE				☐ Change	Addition	16
NAME OTREET ARRESTOR			NAME OXDOST ADDRESO						(
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip						1
TITLE		☐ Delete	TITLE				☐ Change	Addition	1
NAME			NAME			•	• .		ĺ
STREET ADDRESS CITY-ST-ZIP		+	STREET ADDRESS CITY-ST-ZIP		-	•			}
TITLE	<u> </u>	☐ Delete	TITLE			- -	☐ Change	Addition	1 -
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					, r	
TITLE		Delete	TITLE				☐ Change	- 1	
NAME		L Delete	NAME				Oldingo		
STREET ADDRESS			STREET ADDRESS			,	-		
CITY-ST-ZIP	i		■ AID/ AT 310			مسامسين إن			
			CITY-ST-ZIP	 <u>~</u> _					
TITLE			- TITLE			<u></u>	□ C'		
TITLE NAME STREET ADDRESS						<u> </u>	C'		

11. 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.



