

2001 UNIFORM BUSINESS REPORT (13R)

DOCUMENT # L00000005552

1. Entity Name

SIR WALTER GROUP L.L.C.

Principal Place of Business

1325 SNELL ISLE BOULEVARD N.E.
ST. PETERSBURG FL 33704

Mailing Address

PO BOX 7431
ST. PETERSBURG FL 33734

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RADJESKI, NADINE L
1325 SNELL ISLE BOULEVARD N.E.
ST. PETERSBURG FL 33704

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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ate

9/28

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TABER, MARK B
535 21ST AVENUE N.E.
ST. PETERSBURG FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RADJESKI, JAN A
5363 BAYOU GRANDE BOULEVARD N.E.
ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RADJESKI, NADINE L
5363 BAYOU GRANDE BOULEVARD N.E.
ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
WOOLRIDGE, WILLIAM D
826 5TH STREET NORTH
ST. PETERSBURG FL 33701

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STREET ADDRESS
CITY-ST-ZIP

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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

9/25/01

727 821-6500

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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