2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90323 023 ****50.00

DOCUMENT # L01000013477

1. Entity Name
4009 HENDERSON LLC

Principal Place of Business
3302 BAY TO BAY BLVD. - SUITE 102
TAMPA FL 33629

Mailing Address
3302 BAY TO BAY BLVD. - SUITE 102
TAMPA FL 33629

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3741304 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GAINES, MARC S
812 S. FREMONT AVENUE
TAMPA FL 33606

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	MGRM	☐ Delete
NAME	GAINES, MARC S	
STREET ADDRESS	812 S. FREMONT AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	MGRM	☐ Delete
NAME	GAINES, STEVEN R	
STREET ADDRESS	5812 N.W. 25 TERR.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (10/02)

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: MARC S GAINES 2/14/03 (813)254-2416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #