

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90087 014 \*\*\*\*50.00

DOCUMENT # L01000013850

1. Entity Name  
**A AND P, LLC**



Principal Place of Business  
**3675 S.W. 57TH COURT  
OCALA FL 34474**

Mailing Address  
**3675 S.W. 57TH COURT  
OCALA FL 34474**

**55052707**

2. Principal Place of Business  
**6041 SW 73rd Street RD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3128**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**OCALA FL**  
Zip  
**34476**  
Country  
**Marion**

City & State  
**OCALA FL 34478-328**  
Zip  
**34478-328**  
Country  
**Marion**

4. FEI Number  
**593687687**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.  
4 S.E. BROADWAY  
OCALA FL 34474**

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

(NOTE: Registered Agent signature required when reinstating)

**7-29-03**  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member  
MANORAMA BAPATLA  
3675 SW 57th Ct  
OCALA FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
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☐ 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 608, Florida Statutes.

SIGNATURE: **Manorama Bapatla** **7-17-03** **352-854-6260**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)