

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90030 041 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 00000000 1063

1. Entity Name KIDS RESOURCE LLC

DO NOT WRITE IN THIS SPACE

813066

2. Principal Place of Business

5019 MILL POND ROAD

3. Mailing Address

P.O. Box 7165

Suite, Apt. #, etc.

3125

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL, FLORIDA

City & State

WESLEY CHAPEL, FLORIDA

4. FEI Number

59-3581247

Applied For

Not Applicable

Zip

FL 33543

Country

USA

Zip

FL 33543

Country

USA

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. 1 MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	TEIXEIRA, MICHAEL
STREET ADDRESS	5019 MILL POND ROAD, # 3125
CITY-ST-ZIP	WESLEY CHAPEL FL 33543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MANAGER
NAME	GULLEN, LEONARD
STREET ADDRESS	5019 MILL POND ROAD, # 3125
CITY-ST-ZIP	WESLEY CHAPEL FL 33543

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	MANAGER
NAME	STEWART, THEODORE
STREET ADDRESS	1012 PEARCE DRIVE, # 106
CITY-ST-ZIP	CLEARWATER FL 33764

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

MICHAEL

TEIXEIRA

1.16.02

813.973.0971