

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001709

1. Entity Name

PASTA MANAGEMENT, LLC

FILED

01 MAY -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5460 MILLBROOK WAY
PALM HARBOR FL 34685

Mailing Address

5460 MILLBROOK WAY
PALM HARBOR FL 34685

2. Principal Place of Business

3421 N. LAKEVIEW DR
Suite, Apt. #, etc.

3. Mailing Address

3421 N. LAKEVIEW DR.
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

39-3626371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELASIN, CRAIG G
5460 MILLBROOK WAY
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name CRAIG DELASIN

Street Address (P.O. Box Number is Not Acceptable)

3421 LAKEVIEW DRIVE

City TAMPA

FL

Zip Code

33618

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] CRAIG DELASIN

4-23-01

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 Department of State

500004303315--3
-05/23/01--01120--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
NAME CRAIG DELASIN
3421 N. LAKEVIEW DR.
TAMPA FL 33618

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

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

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

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

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

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] CRAIG DELASIN

4-23-01

813-265-3915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (03/11/00)