2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000002133

1. Entity Name

C S C SEAMLESS GUTTERS, LLC



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90031 026 ****50.00

					OD WE THE					
Principal Place	of Business	N	Mailing Address							
9513 HIGHWAY 92 EAST			9513 HIGHWAY 92 EAST			•				
			TAMPA FL 33610							
						1188	HALL ALL ANNI ANIA ANIA ANIA ANIA	11 11 111 66 1	18 H 88 H 118 H 1	(11 46 (11) (88)
2 Principal Pla	ace of Business	3	. Mailing Address			- IIII				
2. Trincipal Flace of Dosiness			e. Mailing Addition				ITAN BIY BAKU BAYU BAKU BAKU BAKU	# FB ## 66 1	18 (1881 11888 <u>1</u>	111 30 1111 (881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Nur	nber 59-363 1230	,	Ar	pplied For
						ļ <u> </u>				ot Applicable
Zip	Country	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Add	ditional		
6. Name and Address of Current Re			sistered Agent			Fee Required 7. Name and Address of New Registered Agent				
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CAR	RENO, MICHAEL C					 -				
2207 PAVILLION PLACE			Street Address ((P.O. Box Number is Not Acceptable)				
BRAN	NDON FL 33511-6923									
						.,,				
					City			FL	Zip Cod	le
8. The above r	named entity submits this stateme	ent for the	purpose of changing its	reaister	L ed office or registe	ered agent, or	both, in the State of Florida	a. I am fa	 amiliar with.	and accept
	ons of registered agent.			J 1.57	2 2 2 2 3 3 3	·g- · ·	,			-F-
SIGNATURE _										
SIGNATURE S	Signature, typed or printed name of registered	agent and title	e if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)		DATE		
			FILE NO	!!!!WC	FEE IS \$50.00					
			Make Check Payabl	e to Fi	orida Departme	ent of State				
			•		ay 1, 2003					
9.	MANAGING ME	MBERS/I	MANAGERS	10.			ADDITIONS/CH	ANGES		
TITLE	MGRM		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME	CARRENO, MICHAEL C		23 55.00	NAM						
STREET ADDRESS	2207 PAVILION PLACE			STRE	ET ADDRESS					
CITY-ST-ZIP	BRANDON FL 33511			CITY	-ST-ZIP					
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STREET ADDRESS			•		ET ADDRESS					1
CITY-ST-ZIP				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 expensis 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPED OR PRINTED TAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/02

Daytime Phone #