

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90576 016 ****55.00

DOCUMENT # L00000002239

1. Entity Name
THE BECKNER LLC



Principal Place of Business
**2105 DESOTO WAY SOUTH
ST PETERSBURG FL 33712-4110**

Mailing Address
**2105 DESOTO WAY SOUTH
ST PETERSBURG FL 33712-4110**

2. Principal Place of Business
6981 S. ALOYSIA AVE
Suite, Apt. #, etc.

3. Mailing Address
6981 S. ALOYSIA AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FLORAL CITY, FLA.
Zip
34436
Country
US

City & State
FLORAL CITY FL.
Zip
34436
Country
US

4. FEI Number **59-3614799**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BECKNER, MARY B
2105 DESOTO WAY SOUTH
ST PETERSBURG FL 33712-4110**

7. Name and Address of New Registered Agent

Name **ROGER E. BECKNER, JR.**

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

6981 S. ALOYSIA AVE

City **FLORAL CITY** FL Zip Code **34436**

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 DATE **1-9-03**

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**
NAME **BECKNER, MARY B**
STREET ADDRESS **2105 DESOTO WAY SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33712-4110**
☒ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS / CHANGES

TITLE **MGR**
NAME **ROGER E. BECKNER JR**
STREET ADDRESS **6981 S. ALOYSIA AVE**
CITY-ST-ZIP **FLORAL CITY FL 34436**
☐ Change ☒ Addition

TITLE
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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

1-9-03
Date

727
639-4623
Daytime Phone #

CR2E083 (10/02)