

2001 UNIFORM BUSINESS REPORT (UBR)

0022226 AF

DOCUMENT # L00000002561

1. Entity Name
STOR YOUR R.V., L.L.C.

FILED
01 APR 30 PM
SECRETARY OF STATE
TALLAHASSEE, FL



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 S. WASHINGTON BOULEVARD #8
SARASOTA FL 34236

Mailing Address
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
200 S. WASHINGTON BLVD.
Suite, Apt. #, etc.
#8

City & State
SARASOTA, FLORIDA

Zip
34236

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

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.

SIGNATURE _____
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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member, Manager OLIVIERI, N. J. 200 S. WASHINGTON BLVD., #8 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member GILLILLAND, KELLY 200 S. WASHINGTON BLVD., #8 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member HODGKINSON, MICHAEL 200 S. WASHINGTON BLVD., #8 SARASOTA, FLORIDA 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	0000004217310-4 -05/15/01--01079--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL HODGKINSON REQUIRE 1

4/20/01 (941) 365-0450

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

Date

Daytime Phone #

CR2E083 (11/00)