

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

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90041 026 ****50.00

DOCUMENT # L00000003466

1. Entity Name

NORTHEAST PLAZA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 7426

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

SEMINOLE, FLA

4. FEI Number

06-1577498

Applied For

Not Applicable

Zip

33703

Country

USA

Zip

33776

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 ROBERT D BARCLEY

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

3839 4th ST N

City

ST PETERSBURG

FL

Zip Code

33703

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. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MG RM
PETER LUDWISZEWSKI
101 40th AVE
ST PETERSBURG, FLA 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MG RM
FLAMON KOZAROV
1999 TANGLEWOOD DR NE
ST PETERSBURG, FLA 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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 #

Peter Ludwiszewski 2-12-02 727-823-4833

CR2E083B (12/01)