

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90077 018 ****50.00

DOCUMENT # L00000005498

1. Entity Name
MILLSTONE PUMPING, LLC



Principal Place of Business
2073 PORTER LAKE DRIVE. UNIT C
SARASOTA FL 34240

Mailing Address
2073 PORTER LAKE DRIVE. UNIT C
SARASOTA FL 34240

2. Principal Place of Business
395 COMMERCIAL COURT

3. Mailing Address
395 COMMERCIAL COURT

Suite, Apt. #, etc.
SUITE D

Suite, Apt. #, etc.
SUITE D

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34292 Country
USA

Zip
34292 Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1008676**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAPOLITANO & COOPER, P.A.
100 WALLACE AVE. SUITE 240
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name
STEPHEN K. BOONE
BOONE, BOONE, BOONE HINES & KODA PA
Street Address (P.O. Box Number is Not Acceptable)
1001 AVE DEL CIRCO
P.O. BOX 1596
City
VENICE **FL** Zip Code
34285

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 **STEPHEN K. BOONE** DATE **4-25-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTGOMERY, ROBERT H 2073 PORTER LAKE DR, UNIT C SARASOTAT FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIAN, DENNIS 2073 PORTER LAKE DR, UNIT C SARASOTAT FL 34240	<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	<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
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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: **DENNIS ADRIAN** DATE **3/5/03** DAYTIME PHONE # **(941) 485-6507**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)