

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90077 015 ****50.00

DOCUMENT # L00000005505

1. Entity Name

ADMONT MANAGEMENT, 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

U.S.A

Zip

34292

Country

U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1008393**

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, & KUDA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1001 AVE DEL CIRCO
P.O. BOX 1596
City **VENICE** FL Zip Code **34284**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTGOMERY, ROBERT 2073 PORTER LAKE DRIVE, UNIT C SARASOTA FL 34240 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIAN, DENNIS 2073 PORTER LAKE DRIVE, UNIT C SARASOTA 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: **STEPHEN K. BOONE** MGR **3/5/03** (941) 485-6507

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

Date

Daytime Phone #

CR2E083 (10/02)