2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000006732 ·

1. Entity Name

FLORIDA HOME CENTERS OF PENSACOLA, L.L.C.



FILED Feb 04, 2003 8:00 am Secretary of State
02-04-2003 90058 013 ****50.00

		•		GOO WE THO	
Principal P	Place of Business	Mailing Address			_
21 EAST GARDEN STREET. SUITE 200 PENSACOLA FL 32501		21 EAST GARDEN STREET. SUITE 200 PENSACOLA FL 32501		200	20022623
2. Principa	al Place of Business	3. Mailing Address			
Suite, Apt. #, etc.					. 100 MORT ON BOWN 95HM BOWN BOWN BOWN BOWN FELLE ONHE LEGGE WINT INDEX WIND MORT INDICATED AND THE COMMENTS OF THE COMMENTS O
		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number 59-3650951 Applied For
Zip	Country	Zip	Count	try	5. Certificate of Status Desired 55.00 Additional
	6. Name and Address of Current F	legistered Agent	1	<u>-</u>	Fee Required
 DE				Name	7. Name and Address of New Registered Agent
delgallo, steven p 21 East garden street, suite 20				Charles & day	
PE	NSACOLA FL 32501			Street Address	s (P.O. Box Number is Not Acceptable)
				City	Zip Code
The above the obligation	ve named entity submits this statement for ations of registered agent.	the purpose of changing it	ts registere	d office or registe	ered agent, or both, in the State of Florida. 1 am familiar with, and accept
	•				• •
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registered	Agent signature required	ad when reinstating) DATE
				EE IS \$50.00	
		Make Check Payab	ole to Flo	rida Departme	ent of State
		Du	ie By Ma	y 1, 2003	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MGR DEL GALLO, STEVEN P	☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME STREET	T ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-S		
TITLE	MEM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	LEATH, JON 21 E. GARDEN ST., SUITE 200		NAME		_ Change Addition
CITY-ST-ZIP	PENSACOLA FL 32501	,	CITY-S	T-ZIP	
TITLE	MEM	☐ Delete	TITLE		
NAME STREET ADDRESS	ANDERSON, CRAIG	V	NAME		☐ Chānge ☐ Addition
CITY-ST-ZIP	21 E. GARDEN ST., SUITE 200 PENSACOLA FL 32501			ADDRESS	
TITLE	FENSACOLA FL 32301	☐ Delete	CITY-S1	1-219	
NAME		L Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			CITY-ST	-ZiP	
ritle Name		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS			NAME Street A	ADDRESS .	
CITY-ST-ZIP		<u>.</u>	CITY-ST-		
TTLE		☐ Delete	TITLE		☐ Change ☐ Addition
IAME Treet address			NAME	İ	C change C Adolition
ITY-ST-ZIP			STREET A	DDRESS	

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 must ignature 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 truetes 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