

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90752 018 ****50.00

DOCUMENT # L00000007669					
1. Entity Name ALTOJO HOLDINGS, LLC					
Principal Place of Business 5120 CALLE MINORGA SARASOTA, FL 34242			Mailing Address 5120 CALLE MINORGA SARASOTA, FL 34242		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1026329	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANDLER, JAMES R III 1834 MAIN STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE MONTHLY 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	MGRM GUTIERREZ, ALEX 6120 CALLE MINORGA SARASOTA, FL 34242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MISKE, ANTHONY 1757 EAST AVENUE NORTH SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, JOHN 6430 BEACHWOOD AVENUE SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
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 606, Florida Statutes.					
SIGNATURE: <i>Alex Gutierrez</i> 4-9-03 (441)349-4312					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CRZE083 (10/02)