

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000008799**

FILED

1. Entity Name  
**LINDA AND DAVID MENG, LLC**

01 APR -4 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**5607 61ST STREET EAST BRADENTON FL 34203**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5745 Manatee Ave W.** 3. Mailing Address **5745 Manatee Ave W**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Bradenton FL** City & State **Bradenton FL 34209** 4. FEI Number **65-1026027** Applied For  Not Applicable  
Zip **34209** Country **Manatee** Zip **34209** Country **Manatee** 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent **FINKELSTEIN, DAVID**  
**27 FLETCHER AVENUE**  
**SARASOTA FL 34237** 7. Name and Address of New Registered Agent  
Name **David Meng**  
Street Address (P.O. Box Number is Not Acceptable) **5745 Manatee Ave W.**  
City **Bradenton** FL Zip Code **34209**

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 **David R Meng, Member** **1/20/01**  
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 Department of State**  
**700003995677--9**  
**-04/12/01--01127--022**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Member David R. Meng</b>
STREET ADDRESS		STREET ADDRESS	<b>5607 61st St. E.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Bradenton FL 34203</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Member Linda O. Meng</b>
STREET ADDRESS		STREET ADDRESS	<b>5607 61st St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Bradenton FL 34203</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **David R Meng** **1/20/01** **941-761-4980**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)