

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90116 030 ****55.00

DOCUMENT # L00000010100

1. Entity Name
ABLE TAPE AND PACKAGING, LLC



Principal Place of Business
**2930 SHANNON CIRCLE
PALM HARBOR FL 34684**

Mailing Address
**2930 SHANNON CIRCLE
PALM HARBOR FL 34684**

2. Principal Place of Business
19450-6045TN

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

Zip
33760

Country

Zip

Country

4. FEI Number **59-3668998**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIBER, SAM I
601 E. TWIGGS ST., STE 200
TAMPA FL 33602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

1-3-03 727 7899653

CR2E083 (10/02)