

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90022 041 \*\*\*\*50.00

**DOCUMENT # L00000010243**

1. Entity Name  
**MENKAR, LLC**



Principal Place of Business

**9625 ALONZO ROAD  
RIVERVIEW FL 33569**

Mailing Address

**9625 ALONZO ROAD  
RIVERVIEW FL 33569**

2. Principal Place of Business

**9625 Wes Kearney Way**

Suite, Apt. #, etc.

3. Mailing Address

**9625 Wes Kearney Way**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3673543**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEARNEY, BRYAN  
9626 ALONZO ROAD  
RIVERVIEW FL 33569**

Name

**Tracy J. Harris, Jr.**

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

**9625 Wes Kearney Way**

City

**Riverview**

**FL**

Zip Code

**33569**

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 *Tracy J. Harris, Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/19/03**

**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

TITLE **MGRM** ☒ Delete  
NAME **KEARNEY, BRYAN**  
STREET ADDRESS **9625 ALONZO ROAD**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Harris, Tracy J. Jr.**  
STREET ADDRESS **701 Indiana Avenue**  
CITY-ST-ZIP **Palm Harbor, 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Kearney, Bing**  
STREET ADDRESS **911 Seddon Cove Way**  
CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Tracy J. Harris, Jr.*

**SIGNATURE REQUIRED**

*Tracy J. Harris, Jr.*

**2/19/03**

**621-7454**

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

Date

Daytime Phone #

CR2E083 (10/02)