

2001 UNIFORM BUSINESS REPORT (UBR)

000135

DOCUMENT # L00000010666

1. Entity Name

LDF SERVICES LLC

FILED

01 JUL 23 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9 CHARLESTON SQUARE
ORMOND BEACH FL 32174

Mailing Address

9 CHARLESTON SQUARE
ORMOND BEACH FL 32174

2. Principal Place of Business

9 Charleston Sq
Suite, Apt. #, etc.

3. Mailing Address

9 Charleston Sq
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ormond Beach FL 32174

City & State

Ormond Beach FL 32174

4. FEI Number

59-3681233

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUNICELLO, DANIEL
9 CHARLESTON SQUARE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name Linda A. Funicello

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

9 Charleston Square

City Ormond Beach

FL

Zip Code 32174

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

Linda A Funicello

7/5/01

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

Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE *President* ☐ Delete
NAME Linda A. Funicello
STREET ADDRESS 9 Charleston Sq
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE *Vice-President* ☐ Delete
NAME Daniel Funicello
STREET ADDRESS 9 Charleston Sq
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Linda A Funicello REQUIRED

7/5/01

386.673.2228

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

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE