

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90070 030 ****50.00

0001217

DOCUMENT # L00000010666

1. Entity Name

LDF SERVICES LLC



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

1111 State Avenue

Suite, Apt. #, etc.

3. Mailing Address

1111 State Ave

Suite, Apt. #, etc.

City & State

Holly Hill FL

City & State

Holly Hill FL

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

4. FEI Number **59-3681233**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FUNICELLO, LINDA A
9 CHARLESTON SQUARE
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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

Linda A Funicello

President/Reg. Agent

5/1/03

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

TITLE **P** ☐ Delete
NAME **FUNICELLO, LINDA A**
STREET ADDRESS **9 CHARLESTON ST**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ Delete
NAME **FUNICELLO, DANIEL**
STREET ADDRESS **9 CHARLESTON ST**
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
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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

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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

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

5/1/03

386 947 9256

Date

Daytime Phone #

CR2E083 (10/02)