

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90242 004 ****55.00

DOCUMENT # L00000010824

1. Entity Name

LE TECHNOLOGIES, LLC

Principal Place of Business

Mailing Address

~~101 PHILIPPE PKWY., STE. 302~~
~~SAFETY HARBOR FL 34635~~

101 PHILIPPE PKWY., STE. 302
 SAFETY HARBOR FL 34635

2. Principal Place of Business

3. Mailing Address

Raymond James Tower
2739 US Highway 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 422

City & State

City & State

Holiday, FL 34691

Zip

Country

Zip

Country

34691

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., STE. 309
TAMPA FL 33629

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CEOD
CASAZZA, TITUS
165 GRANDVIEW DR.
GLASTONBURY CT 06033

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PCOD
FLANIGAN, MICHAEL D
~~5 CYONET CT.~~
HILTON HEAD ISLAND SC 29928

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
5558 Vardon Drive
Canandaigua, NY 14424

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
EVCF
FLANIGAN, RICHARD E SR.
~~101 PHILIPPE PKWY., STE. 302~~
~~SAFETY HARBOR FL 34635~~

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
5741 Ivy Lane
Holiday, FL 34690

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
NELSON, RICHARD
363 SPRING ST.
MONCHESTER CT 06040

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
KEHOE, JAY D
19 GALSIER DR.
SOUTH GLASTONBURY CT 06073

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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: Richard E. Flanigan

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

4/15/02 (727) 937-3600

Date

Daytime Phone #

CR2E083 (9/01)