

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90108 037 ****50.00

DOCUMENT # L00000011633

1. Entity Name

UNION STATION PARTNERS, LLC



Principal Place of Business

Mailing Address

**918 EAST BUSCH BOULEVARD
TAMPA FL 33612**

**918 EAST BUSCH BOULEVARD
TAMPA FL 33612**

2. Principal Place of Business

1715 N. WESTSHORE BLVD.

3. Mailing Address

1715 N. WESTSHORE BLVD.

Suite, Apt. #, etc.
SUITE 950

Suite, Apt. #, etc.
SUITE 950

City & State

TAMPA, FL 33607-3920

City & State

TAMPA, FL 33607-3920

Zip

33607-3920

Country

U.S.A.

Zip

33607-3920

Country

U.S.A.

4. FEI Number **59-3677336**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, GILBERTO J
918 E. BUSCH BLVD.
TAMPA FL 33612-8501**

7. Name and Address of New Registered Agent

Name

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

1715 N. WESTSHORE BLVD

SUITE #950

City

TAMPA

FL

Zip Code

33607-3920

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

TITLE **MEM** ☐ Delete
NAME **HERNANDEZ, GILBERTO J**
STREET ADDRESS **918 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA FL 33612-8512**

TITLE **MEM** ☐ Delete
NAME **VALIENTE, JOSE E**
STREET ADDRESS **918 E. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA FL 33612-8512**

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 **PARTNER - MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1715 N. WESTSHORE BLVD. SUITE 950**
CITY-ST-ZIP **TAMPA, FL 33607-3920**

TITLE **PARTNER - MEMBER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1715 N. WESTSHORE BLVD. SUITE 950**
CITY-ST-ZIP **TAMPA, FL 33607-3920**

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

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

TITLE ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED**

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

2/3/03 (813)933-3943

Date

Daytime Phone #

CR2E083 (10/02)