

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

LO0000011708

0009232

DOCUMENT # LO0000011708



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LA
9/29

03 SEP 25 PM 12:13

1. Entity Name
OLMEDA.COM LLC

REINSTATEMENT 2003

Principal Place of Business
**1810 EMERALD GREEN CIR
OVIEDO FL 32765**

Mailing Address
**P.O. BOX 622225
OVIEDO FL 32762**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0618552**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**OLMEDA, CHRISTOPHER J
1810 EMERALD GREEN CIR
OVIEDO FL 32765**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

005-450453-1009068796
DEPOSIT ONLY \$105.00
09/25/03-01011-003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **OLMEDA, CHRISTOPHER J**
STREET ADDRESS **1810 EMERALD GREEN CIR**
CITY-ST-ZIP **OVIEDO FL 32765**

Change Addition
200023316822
09/25/03--01012--001 **100.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
200023316822
09/25/03--01012--002 **55.00

TITLE Delete
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: Christopher S. Olmeda 9/22/03 8132104194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT 2003

CR2E083 (4/03)