

2001 UNIFORM BUSINESS REPORT (I)

0021886 AF

DOCUMENT # L00000013880

1. Entity Name
THE RIGHT APPROACH LLC

Principal Place of Business
4014 TAMiami TRAIL
SARASOTA FL 34231

Mailing Address
4014 TAMiami TRAIL
SARASOTA FL 34231

FILED
01 JUL 30 01 JUL 30 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4014 Tamiami Trail S.
Suite, Apt. #, etc.

3. Mailing Address
4014 Tamiami Trail S.
Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
22-3763701

Applied For
Not Applicable

Zip
34231

Country
USA

Zip
34231

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JIMMY
4014 TAMiami TRAIL
SARASOTA FL 34231

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.

SIGNATURE Jimmy D Wright MGRM 6-20-2001
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

100004513641-2
-08/03/01--01011--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Jimmy D Wright
4014 Tamiami Trail S.
Sarasota, FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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 Jimmy D Wright MGRM 4/30/2001 Jimmy Wright 4/24/01 941-483-4709
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)