

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90047 031 \*\*\*\*50.00

**DOCUMENT # L00000014124**

1. Entity Name  
**M & S INVESTMENTS, L.L.C.**



Principal Place of Business

**1437 TALLEVAST ROAD  
SARASOTA FL 34243**

Mailing Address

**1437 TALLEVAST ROAD  
SARASOTA FL 34243**

2. Principal Place of Business

**3910 Golf Park Loop**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Bradenton, FL**

Zip

**34203**

Country

**USA**

3. Mailing Address

**3910 Golf Park Loop**

Suite, Apt. #, etc.

**Suite #1**

City & State

**Bradenton, FL**

Zip

**34203**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1072241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONIGLIO, SAMUEL M III  
1437 TALLEVAST ROAD  
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name

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

**3910 Golf Park Loop**

**Suite #1**

City

**Bradenton**

FL

Zip Code

**34203**

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 **MGRM** ☐ Delete  
NAME **CONIGLIO, SAMUEL M III**  
STREET ADDRESS **1437 TALLEVAST ROAD**  
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **MGRM** ☐ Delete  
NAME **SEERY, MICHAEL J**  
STREET ADDRESS **11701 CREEK SHED PLACE**  
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGRM** ☐ Delete  
NAME **CONIGLIO, CAROL A**  
STREET ADDRESS **1437 TALLEVAST ROAD**  
CITY-ST-ZIP **SARASOTA FL 34243**

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 ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3910 Golf Park Loop Suite #1**  
CITY-ST-ZIP **Bradenton, FL 34203**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3910 Golf Park Loop Suite #1**  
CITY-ST-ZIP **Bradenton, FL 34203**

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: **Samuel M. Coniglio, Manager**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/21/03**

Date

**941-351-2664**

Daytime Phone #

CR2E083 (10/02)