

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014864

1. Entity Name

FILED

01 APR -4 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SANDY'S VENETIAN GARDEN, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

305-B W. Venice Ave

305-B W. Venice Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice FL

City & State

Venice FL

4. FEI Number

651058791

Applied For

Not Applicable

Zip

34285

Country

SAVASOTA

Zip

SAVASOTA

Country

34285

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

Name

Sandra Kostetsky

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

165 Inlets Blvd

Nokomis

City

FL

Zip Code

34275

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Sandra Kostetsky
165 Inlets Blvd
Nokomis, FL 34275

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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-04/12/01--01120--003
*****50.00 *****50.00

☐ Change ☐ Addition

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☐ 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:

Sandra C. Kostetsky

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

Feb 7, 2001

Date

941 4888885

Daytime Phone #

CR2E083 (11/00)