

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015608

1. Entity Name
401-415 SOUTH DALE L.L.C.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90115 040 ****50.00

Principal Place of Business
% COMMERCIAL ASSET MANAGERS, INC.
415 S. DALE MABRY HWY., SUITE F
TAMPA FL 33609

Mailing Address
P.O. BOX 26563
TAMPA FL 33623-6563

010101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5110 EISENHOWER BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State
TAMPA FL

City & State

4. FEI Number 59-3690253

Applied For
Not Applicable

Zip 33634 Country U.S.

Zip Country

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

6. Name and Address of Current Registered Agent

SADORF, RICK W ESQ
696 FIRST AVENUE NORTH, SUITE 201
ST PETERSBURG FL 33701

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GARCIA, ROBERTO
STREET ADDRESS 5110 EISENHOWER BLVD., STE 120
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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TITLE
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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:

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

Date

Daytime Phone #

1/15/02

CR2E083 (9/01)