

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016131

1. Entity Name

SOUTHWEST L.L.C.

FILED

01 APR 27 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1906 Siesta Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, Florida

Zip

Country

Zip

Country

34239

USA

4. FEI Number

65-1060363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

MJH

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

Tony Grasso (President) ☐ Delete  
5208 Carmichael Dr.  
Sarasota, FL 34239

☐ Change ☐ Addition

Gordon Lindsey (member) ☐ Delete  
N/A

☐ Change ☐ Addition  
700004220857-2  
-05/16/01--01120--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

Robert Onello (Manager) ☐ Delete  
194 Scenic Lake Rd.  
Sarasota, FL 34239

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

*Robert Onello*

SIGNATURE AND TYPE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01 (941) 266-0746

Date

Daytime Phone #

CR2E083 (11/00)