

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90052 038 ****55.00

0005857

DOCUMENT # L01000001502

1. Entity Name

SARASOTA MANAGEMENT SERVICES, L.L.C.



Principal Place of Business

**606 SOUTH OWL DR.
SARASOTA FL 34236**

Mailing Address

**606 SOUTH OWL DR.
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

P.O. Box 25473

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

4. FEI Number

65-1077220

Applied For

Not Applicable

Zip

Country

Zip

Country

34277

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DOERR, KENNETH D
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236**

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. 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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR CULP, STEPHEN C** ☐ Delete
STREET ADDRESS **606 SOUTH OWL DR.**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME **MGR TENAERTS, PAMELA** ☐ Delete
STREET ADDRESS **606 SOUTH OWL DR.**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME **MGR DOERR, KENNETH D TRUSTEE** ☐ Delete
STREET ADDRESS **240 S PINEAPPLE AVE., 10TH FLOOR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MGRM CULP, STEPHEN C** ☒ Change ☐ Addition
STREET ADDRESS **606 SOUTH OWL DR.**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE NAME **MGRM TENAERTS, PAMELA** ☒ Change ☐ Addition
STREET ADDRESS **606 SOUTH OWL DR.**
CITY-ST-ZIP **SARASOTA FL 34236**

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

6/30/03

941-650-9170

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

Date

Daytime Phone #

CR2E083 (4/03)