

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90006 034 ****50.00

DOCUMENT # L01000002872

1. Entity Name

FLORIDA TEST & ASSEMBLY SYSTEMS, LLC



Principal Place of Business

**12919 7TH AVENUE NORTHEAST
BRADENTON FL**

Mailing Address

**244 SHOPPING AVE.
SARASOTA FL 34237-7125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1111635**

Applied For

Not Applicable

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

**KURVIN, STEPHEN H
7 SOUTH LIME AVE.
SARASOTA FL 34237**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **TURNER, ROBERT**
STREET ADDRESS **244 SHOPPING AVE**
CITY-ST-ZIP **SARASOTA FL 34237-7125**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Wanda TURNER**
STREET ADDRESS **244 SHOPPING AVE.**
CITY-ST-ZIP **SARASOTA FL 34237-7125**

TITLE **V** ☒ Delete
NAME **ROSAL, JOSEPH**
STREET ADDRESS **244 SHOPPING AVE**
CITY-ST-ZIP **SARASOTA FL 34237-7125**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

3/14/03

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

Date

Daytime Phone #

CR2E083 (10/02)