

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90001 002 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000003376 1. Entry Name TADELLA INVESTMENTS, L.L.C.					
Principal Place of Business 936 CRENSHAW LAKE RD. LUTZ, FL 33549			Mailing Address 936 CRENSHAW LAKE RD. LUTZ, FL 33549		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1131777	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent WIECZORKOWSKI, ANDREW THE WILDER CENTER 3000 GULF-TO-BAY BLVD., STE. 200 CLEARWATER, FL 33769					
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 resigning.) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	KASPROW, WIESLAW H		STREET ADDRESS		
CITY-STATE-ZIP	936 CRENSHAW LAKE ROAD LUTZ, FL 33549		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	KASPROW, TADEUSZ		STREET ADDRESS		
CITY-STATE-ZIP	936 CRENSHAW LAKE ROAD LUTZ, FL 33549		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	KASPROW, ELZBIETA		STREET ADDRESS		
CITY-STATE-ZIP	936 CRENSHAW LAKE ROAD LUTZ, FL 33549		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	KASPROW, BARBARA		STREET ADDRESS		
CITY-STATE-ZIP	936 CRENSHAW LAKE ROAD LUTZ, FL 33549		CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)

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