

192

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 19 AM 9:00

12/2/19

DOCUMENT # **L01000004070**

1. Entity Name

TERRAZZA BEACHSIDE LLC

400009606704
12/19/02--01118--001 **50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2904 ATLANTIC AVE.

3. Mailing Address
360 IRONHILL TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FERNANDINA BEACH, FL.

City & State
WOODSTOCK, GA

4. FEI Number

Applied For

Not Applicable

Zip
32034

Country
USA

Zip
30189

Country
USA

5. Certificate of Status Desired -- **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **SALVATORE COMARATO**

Street Address (P.O. Box Number is Not Acceptable)

410 MICHAEL L. EDWARDS ESQUIRE

218 EAST ASHLEY STREET

City **JACKSONVILLE**

FL

Zip Code

32202

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 *Salvatore Comarato* **SALVATORE COMARATO** **MANAGING MEMBER**

12/2/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALVATORE COMARATO 360 IRONHILL TRACE WOODSTOCK GA 30189
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CR2E083B (12/01)

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: *Salvatore Comarato* **SALVATORE COMARATO**

12/02/02
Date

770 516-1859
Daytime Phone #

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

2 of 2

Terrazza Beachside LLC
Sal Comarato
360 Ironhill Trace
Woodstock
Georgia 30189
USA
Home Phone 770-516-1859


December 02, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, Fla 32399

To whom it may concern,

I am requesting reinstatement for Terrazza Beachside LLC. Failure to file the annual report was due to a change of address and all correspondence sent to the previous address was not forwarded to me. Enclosed please find the necessary \$50.00 filing fee along with the necessary documents.

Sincerely,


Salvatore Comarato
MANAGING MEMBER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 19 AM 9:00