

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

0018712

05-22-2002 90224 045 \*\*\*\*50.00

**DOCUMENT # L01000004503**

1. Entity Name  
**ROSEVILLE CAJUN, LLC**

Principal Place of Business  
**3421 NORTH LAKEVIEW DRIVE  
 TAMPA FL 33618**

Mailing Address  
**3421 NORTH LAKEVIEW DRIVE  
 TAMPA FL 33618**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SARSEN, CYNTHIA R  
 3421 NORTH LAKEVIEW DRIVE  
 TAMPA FL 33618**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
**MEMBER**  
**CLAIK DELASIN**  
**3421 N. LAKEVIEW DR**  
**TAMPA FL 33618**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 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**

**CLAIK DELASIN 043002 813 265 3951**

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

Date

Daytime Phone #

CR2E083 (9/01)