10/25/2002 13:36 8137543896 CPS S02121911264 PAGE 01

[redacted]

4/22/2002-90152-014-$50.00-$50.00
* 8/28/2002-90035-036-$50.00-$50.00
4/22
* 8.

FILED
02 OCT 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004731

1. Entity Name
YBOR VILLAGE CAPITAL, L.L.C.

Principal Place of Business	Mailing Address
618 SANDY CREEK DRIVE BRANDON FL 33511	618 SANDY CREEK DRIVE BRANDON FL 33511

2. Principal Place of Business		3. Mailing Address P.O. Box 1177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Valrico, Fl. 33595	
Zip	Country	Zip	Country

4. FEI Number 59-3708419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASIANO, ORLANDO
618 SANDY CREEK DRIVE
BRANDON FL 33511

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] ORLANDO CASIANO 8/21/02
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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO CASIANO (MANAGER) P.O. BOX #77 Valrico, Fl. 33595	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

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] SIGNATURE REQUIRED ORLANDO CASIANO 8/21/02 813-527-5425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #