

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-12-2002 90591 036 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004790

1. Entity Name

WAYNE MCCOOEYE, L.L.C.

Principal Place of Business

**1917 17TH STREET
SARASOTA FL 34234**

Mailing Address

**1917 17TH STREET
SARASOTA FL 34234**

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

Not Applicable

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

**KING, CLIFFORD M
2033 MAIN STREET SUITE 303
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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when releasing)

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	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	<i>President</i>			
	<i>Wayne McCooeye</i>			
	<i>1917 17th St.</i>			
	<i>Sarasota, FL 34234</i>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
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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

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

1/8/02 941-359-3332

Date

Daytime Phone #

CR2E083 (9/01)