

FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005326			
1. Entity Name HARBORSIDE, L.L.C.			
Principal Place of Business 1003 APOLLO BCH BLVD #1 APOLLO REACH, FL 33572		Mailing Address 1003 APOLLO BCH BLVD #1 APOLLO REACH, FL 33572	
2. Principal Place of Business 930 Allegro Lane Suite, Apt. #, etc.		3. Mailing Address 930 Allegro Lane Suite, Apt. #, etc.	
City & State Apollo Beach FL		City & State Apollo Beach FL	
Zip 33572		Zip 33572	
Country US		Country US	
4. FEI Number 59-3746017		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLDSWORTH, JOHN W 930 ALLEGRO LN APOLLO REACH, FL 33572		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 _____ (NOTE: Registered Agent Signature required when submitting)			
DATE _____			
700017864517 05/02/03--01022--007 **50.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDSWORTH, JOHN W 930 ALLEGRO LN APOLLO BEACH, FL 33572 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI, SEWA 1007 APOLLO BCH BLVD #3 APOLLO BEACH, FL 33572 ☐ 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
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
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 508, Florida Statutes.			
SIGNATURE <u>John W. Holdsworth</u>		4-28-03 813-649-1133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CREDITS (10/02)