

2002 UNIFORM BUSINESS REPORT (UBR)

3/2
-3

FILED
Apr 18, 2002 8:00 am
Secretary of State

03-29-2002 90376 001 ****50.00
03-29-2002 90376 002 *****5.00

DOCUMENT # L01000005342

1. Entity Name
LA GRINGA, LLC

Principal Place of Business
**1975 MEADOW DRIVE
CLEARWATER FL 33763**

Mailing Address
**PO BOX 5242
CLEARWATER FL 33758-5242**

23776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1949 Drew Street
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5242
Suite, Apt. #, etc.

City & State
Clearwater, FL
Zip
33765
Country
USA

City & State
Clearwater, FL
Zip
33758
Country
USA

4. FEI Number
59-3711634
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANKS, BARBARA L
1975 MEADOW DRIVE
CLEARWATER FL 33763**

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.

SIGNATURE **Barbara L Branks**
Signature, typed or printed name of registered agent and title if applicable.

3/8/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
BRANKS, BARBARA L
1975 MEADOW DRIVE
CLEARWATER FL 33763** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MOORE, CHRISTOPHER K
1975 MEADOW DRIVE
CLEARWATER FL 33763** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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)(l), 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: **Barbara L Branks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/8/02
Date

446-5422
Daytime Phone #

CR2E083 (9/01)