2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005601

613 S. ORLEANS AVENUE, LLC



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90017 023 ****50.00

			1	OF WE THE	1				
Principal Place of Business 613 S. ORLEANS AVE. TAMPA FL 33606		Mailing Address PO BOX 31 BOCA GRANDE FL 3392	-						
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State	City & State			<u> </u>		CHANGE	S
					4. FEI Numbe	26-725029	4		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		\$5.00 A Fee Requi	dditional
	6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New R			
ING	RAM, MICHAEL M TR		Na	ame			-	<u> </u>	
421	PALM AVE CA GRANDE FL 33921	-	Street Addre		P.O. Box Number	is Not Acceptable)	<u> </u>	
			Cit	<u> </u>					
O The above				•			FL	Zip Co	
the obligat	named entity submits this statemerions of registered agent.	ent for the purpose of changing it	ts registered off	ice or registere	ed agent, or both	in the State of Flor	rida. I am f	amiliar with	, and accept
SIGNATURE .	·								
	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent	signature required	when reinstating)		DATE		
		Make Check Payat	IOW!!! FEE ble to Florida se By May 1,	Departmen	nt of State				
9.	MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM	☐ Delete	TITLE		<u> </u>	, is strictly t		☐ Change	Addition
name Street address (INGRAM, MICHAEL M TR 421 PALM AVE		NAME CTREET ADDI	2500		Ź		_ •	
CITY-ST-ZIP	BOCA GRANDE FL 33921		STREET ADDI CITY-ST-ZIP						
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NAME Street Address			. NAME					ondinge	Addition
CITY-ST-ZIP			STREET ADDR	•					
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STREET ADDRESS			NAME Street addr	FCC					
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AME .			NAME				Ĺ	☐ Change	Addition
TREET ADDRESS TY-ST-ZIP	,	,	STREET ADDRE	SS					

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 manager or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

813 222 0977