

2002 UNIFORM BUSINESS REPORT (UBR)

08-25-2002 90200 034 50.00
L01000008043

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DOCUMENT # L01000008043

#11601-1

1. Entity Name
SOSSO HOMES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -6 AM 10:30



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3584 FAIR OAKS LANE
LONGBOAT KEY FL 34228

Mailing Address
3584 FAIR OAKS LANE
LONGBOAT KEY FL 34228

2. Principal Place of Business
3626 Fair Oaks Place
Suite, Apt. #, etc.

3. Mailing Address
3626 Fair Oaks Place
Suite, Apt. #, etc.

City & State
Longboat Key, FL
Zip 34228

City & State
Longboat Key, FL
Zip 34228

4. FEI Number
125-1107056

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MAZZARANTANI, GEORGE H
240 SOUTH PINEAPPLE AVE.
10TH FLOOR
SARASOTA FL 34236

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 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	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sosso, Daniel R.		NAME		
STREET ADDRESS	12630 Perry Highway		STREET ADDRESS		
CITY-ST-ZIP	Wexford, PA 15090		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sosso, Mark A.		NAME		
STREET ADDRESS	12630 Perry Highway		STREET ADDRESS		
CITY-ST-ZIP	Wexford, PA 15090		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: George H. Mazzarantani,
Authorized Representative 8/14/02 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)