

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 019 ****50.00

DOCUMENT #

1. Entity Name

LO1000008312
DELEON TOWNHOMES, LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1026 25TH AVE. NORTH
Suite, Apt. #, etc.

3. Mailing Address

755 25TH AVE. NORTH
Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33704

Country

USA

Zip

33704

Country

USA

4. EI Number

04-3613614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAWRENCE J. BAILIN

Street Address (P.O. Box Number is Not Acceptable)

401 E. JACKSON STREET

SUITE 2200

City **TAMPA**

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 title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JAMES F. LANDERS
1026 25TH AVENUE NORTH
ST. PETERSBURG, FL 33704

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IN THIS SPACE**

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:

MANAGER

8/20/02

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

Date

Daytime Phone #

CR2E083B (12/01)