

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90061 005 ****50.00

DOCUMENT # L01000009611

1. Entity Name
KENTRELL VENTURES, LLC



Principal Place of Business

~~4124 N. RIVERSIDE DR.~~
TAMPA FL 33603

Mailing Address

P.O. BOX 11351
TAMPA FL 33680-1351

20020146



2. Principal Place of Business

2105 W RIO VISTA AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

TAMPA FL

City & State

4. FEI Number **52-2325544**

Applied For

Not Applicable

Zip
33603

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTRELL, LINDA K

~~4124 N. RIVERSIDE DRIVE~~ **2105 W RIO VISTA AVE**
TAMPA FL 33603

Name

LINDA K CANTRELL

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

2105 W. RIO VISTA AVE

City

TAMPA

FL

Zip Code

33603

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

Linda K. Cantrell **LINDA K. CANTRELL**

Jan 24 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **CANTRELL, LINDA K**
STREET ADDRESS ~~4124 N. RIVERSIDE DR.~~ **2105 W. RIO VISTA AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **MGR** ☒ Change ☐ Addition
NAME **LINDA K. CANTRELL**
STREET ADDRESS **2105 W. RIO VISTA AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **MGR** ☐ Delete
NAME **KENNEY, BARBARA J**
STREET ADDRESS ~~4124 N. RIVERSIDE DR.~~
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BARBARA J. KENNEDY**
STREET ADDRESS **5021 SOWANEE AVE**
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Linda K. Cantrell **LINDA K CANTRELL** **Jan 24 2003**

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

Day

Daytime Phone #

(813) 635-0556

CR2E083 (10/02)