


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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90688 048 ****50.00

DOCUMENT # **LO1000010234**
1. Entity Name
Pasadena Central, LLC



30045853

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6654 78th AVE N
Suite, Apt. #, etc.

3. Mailing Address
6654 78th AVE N
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

Zip
33781 Country

Zip
33781 Country

4. FEI Number
59-3740073

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Cockey, Preston

Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin St Ste 2200

City
TAMPA FL Zip Code
33602

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carlos A YEPS F 6654 78th Ave N C Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lynn Nowak 6654 78th Ave N Pinellas Park, FL 33781 758
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DO NOT WRITE 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

CR2E083B (12/02)