## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000011903

1. Entity Name

BURKE'S AUTO BODY, LLC



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90046 038 \*\*\*\*50.00

| l nas  |  |  |  |   |                   |                              |               |                                     |                                 |
|--|--|--|--|---|-------------------|------------------------------|---------------|-------------------------------------|---------------------------------|
| Principal Plac   | ce of Business   | Mailing Address  |  | <del></del>   | _                 |                              |               |                                     |                                 |
| 2223 9TH STREET WEST<br>BRADENTON FL 34205   |  | 2223 9TH STREET WES<br>BRADENTON FL 34205              | <b>ST</b> .  |   |                   |                              |               |                                     |                                 |
| 2. Principal F   | Place of Business  | 3. Mailing Address                                     | <u> </u>   |   |                   |                              |               |                                     |                                 |
| Suite Ant  | # oto  |  |  |   |                   | AIT ATT BUIDT 11811 BUILL B  | ANTE BRITINES | 11861 (1866 1811                    | <b>18168</b> (1)( [ <b>18</b> ) |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.  |   |                   | CHECK HERE IF MAKING CHANGES |               |                                     |                                 |
| City & Stat  | te<br>   | City & State   | -  |   | 4. FEI Num        | ber 65-11253                 | 63            | <b>─</b>                            | Applied For                     |
| Zip  | Country  | Zip  | Coun   | ntry c ~  | -5. Certificat    | té of Status Desirêd         |               | \$5.00 A                            | Not Applicable<br>dditional     |
|  | 6. Name and Address of Curren  | t Registered Agent                                     |  | T   | 7 Name an         | d Address of New             | Danistana     | Fee Requi                           | red                             |
| LIAM   |  |  | -  | Name  | 7. Name an        | IO Address of New            | Registered    | Agent                               | <del>_</del>                    |
|  | VKINS, JOHN D ESQ.<br>3 MANATEE AVE. WEST  | •  |  |   |                   |                              |               |                                     |                                 |
|  | DENTON FL 34205  |  |  | Street Address  | s (P.O. Box Numb  | per is Not Acceptab          | le)           |                                     |                                 |
|  |  |  |  | City  |                   | <del>-</del>                 |               | T                                   |                                 |
| 9 The above  | non-ad-a-th  |  |  |   | _                 |                              | FL            | Zip Co                              |                                 |
|  | named entity submits this statement for ions of registered agent.                                | er the purpose of changing i                           | its registere  | ed office or registe  | ered agent, or bo | oth, in the State of F       | lorida. I am  | familiar with                       | , and accept                    |
| SIGNATURE _  | Signature, typed or printed name of registered agent   | and title if applicable. (No                           | OTF: Benistered  | Agent signature require                                       |                   |                              |               |                                     |                                 |
|  |  |  |  |   |                   |                              | DATE          |                                     |                                 |
|  |  |  | ur 1187 fil =  |   |                   |                              |               |                                     |                                 |
|  |  | Make Check Paya  | ble to Flo   | EE IS \$50.00<br>orida Departmo<br>ov 1, 2003                 |                   |                              |               |                                     |                                 |
| 9.   | MANAGING MEMBE   | Make Check Paya  | ble to Flo<br>ue By Ma   | rida Departme   |                   |                              |               |                                     |                                 |
| 9.<br>TITLE  | MANAGING MEMBE   | Make Check Paya DI ERS/MANAGERS                        | ble to Flo<br>ue By Ma   | rida Departme   |                   | ADDITIONS                    | /CHANGES      |                                     |                                 |
| TITLE<br>NAME  | MGRM<br>BURKE, JAMES   | Make Check Paya  | ble to Flo<br>ue By Ma   | orida Departme<br>y 1, 2003                                   |                   | ADDITIONS                    | /CHANGES      | ☐ Change                            | Addition                        |
| TITLE<br>Name<br>Street address  | MGRM<br>BURKE, JAMES<br>2223 9TH STREET WEST   | Make Check Paya DI ERS/MANAGERS                        | ble to Floue By Ma  10.  TITLE NAME  | orida Departme<br>y 1, 2003                                   |                   | ADDITIONS                    | /CHANGES      |                                     | Addition                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>BURKE, JAMES<br>2223 9TH STREET WEST<br>BRADENTON FL 34205                               | Make Check Paya DI ERS/MANAGERS                        | ble to Floue By Ma  10.  TITLE NAME  | orida Departme<br>by 1, 2003                                  |                   | ADDITIONS                    | /CHANGES      |                                     | ☐ Addition                      |
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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.

JRE: <u>JUSUAJUBLE REQUIRED</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

941-746-7005