

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90355 007 ****55.00

DOCUMENT # **L01000012705**

1. Entity Name

PAP PAP'S LLC

DO NOT WRITE IN THIS SPACE

868644

2. Principal Place of Business

1385 Beleher Rd. S.

3. Mailing Address

4050 4th St. N

Suite, Apt. #, etc.

UNIT E

Suite, Apt. #, etc.

APT 314

City & State

LARGO, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3739834

Applied For

Not Applicable

Zip

33771

Country

USA

Zip

33703

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Robert L. Gwynn

Street Address (P.O. Box Numbers Not Acceptable)

4050 4th St. N.

APT. 314

City

St. Petersburg

FL

Zip Code

33703

**DO NOT WRITE
IN THIS SPACE**

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

MGRM

NAME

ROBERT L. GWYNN

STREET ADDRESS

4050 4th St. N., APT. 314

CITY - ST - ZIP

St. Petersburg, FL 33703

TITLE

MGRM

NAME

SEAN E. GWYNN

STREET ADDRESS

1525 38th. AV. N.

CITY - ST - ZIP

St. Petersburg, FL 33704

TITLE

MGR

NAME

Kelly L. Martinez

STREET ADDRESS

1608 OAK ARBOR LN.

CITY - ST - ZIP

VALRICO, FL 33594-7203

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

Robert L. Gwynn (ROBERT L. GWYNN) MGRM

6/28/02

727-522-6614

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

Date

Daytime Phone #

CR2E083B (12/01)