2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013477

1. Entity Name

4009 HENDERSON LLC



Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90323 023 ****50.00

FILED

Principal Place of Business	Mailing Address						
3302 Bay to Bay Blyd Suite 102 Tampa Fl 33629	3302 BAY TO BAY BLVD SUITE 102 TAMPA FL 33629						
2. Principal Place of Business	3. Mailing Address						

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Principal Pla	ace of Business	Mailing Address			7				
2000 244 25 244 244		3302 BAY TO BAY BLVD.	AY BLVD SUITE 102						
					 	 		1 111111	
2. Principal	Place of Business	3. Mailing Address	 -						
Suite, Ap	ite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE I		E MAKING CHA	NOCC	
Cit. 8 Ct							r MANING CHA	INGES	•
City & State		City & State			4. FEI Number 59-3741304			Applied For Not Applicable	
Zip	Country	Zip	Country	/	5. Certificate of	Status Desired	□ \$5.0		ot Applicable ditional
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		<u> </u>		Fee F	Require	
		Trogistered Agent		Name	7. Name and Ad	ddress of New Re	gistered Agent		
	INES, MARC S ? S. FREMONT AVENUE		-	~					
	MPA FL 33606		_	Street Address ((P.O. Box Number is	s Not Acceptable)			
						•			
				City			FL Zi	p Cod	le
The above	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered	office or register	red agent, or both, i	n the State of Flori	ida. I am familia	r with.	and accept
ine obliga	tions of registered agent.							•	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registered A	gent signature required	(when reinstation)	 			
					The resistating)		DATE		
		Make Check Payabl		E IS \$50.00 da Departmen	nt of State				
			By May		in of State				
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	- Delete	TITLE				□ Ch	nange	Addition
NAME STREET ADDRESS	GAINES, MARC S 812 S. FREMONT AVE.		NAME	İ			_	ŭ	
CITY-ST-ZIP	TAMPA FL 33606		STREET A						
TITLE	MGRM	☐ Delete	TITLE	-211					
NAME	GAINES, STEVEN R	Lu Delete	• NAME				☐ Ch	ange	Addition
STREET ADDRESS	5812 N.W. 25 TERR.		STREET A	DORESS					
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-	ZIP				_	ı
TITLE NAME		Delete	∃III <u>LE</u>					ange_	Addition_
STREET ADDRESS			NAME STREET A	DDRESS					
CITY-ST-ZIP			CITY-ST-						ľ
TITLE		☐ Delete -	TITLE				☐ Ch	ange	☐ Addition
Name Street address			NAME						
CITY-ST-ZIP			STREET AI CITY-ST-						
TITLE		□ Delete	TITLE						
NAME			NAME				☐ Cha	ange	☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET AC						
TITLE	-		CITY-ST-	ZIP					
IAME		☐ Delete	TITLE NAME				☐ Cha	.nge	☐ Addition
TREET ADDRESS			STREET AD	DRESS			•		1
UDA OF TO			=	1					

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 fusiee 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