

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90696 043 \*\*\*\*50.00

0061723

**DOCUMENT # L01000013731**

1. Entity Name  
**SANIBEL DIAL-A-MASSAGE, L.L.C.**



Principal Place of Business  
**1401 MIDDLE GULF DR., #P-405  
SANIBEL ISLAND FL 33957**

Mailing Address  
**PO BOX 101525  
CAPE CORAL FL 33910**

2. Principal Place of Business  
**1501 MIDDLE GULF DR. P.O. BOX 101525  
Suite, Apt. #, etc. C-201**

3. Mailing Address  
**PO BOX 101525  
Suite, Apt. #, etc.**

City & State  
**SANIBEL ISLAND, FL.**

City & State  
**CAPE CORAL, FL.**

Zip  
**33957**

Country  
**LEE**

Zip  
**33910**

Country  
**LEE**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SWADNER-PARRILLA, MIKI  
1704 SE 39TH TER  
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent  
Name **JULIE R. KAYATA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1205 S.W. 10TH TERRACE**  
City **CAPE CORAL, FL** Zip Code **33991**

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. **Miki Swadner - Parrilla**

SIGNATURE **JULIE R. KAYATA MGRM** DATE **5-1-03**  
**5-1-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SWADNER-PARRILLA, MIKI 1401 MIDDLE GULF DR., #P-405 SANIBEL ISLAND FL 33957</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KAYATA, JULIE R. 1205 SW 10 TERR CAPE CORAL, FL 33991</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(NEW MGRM) MGRM KAYATA, JULIE R. 1205 SW 10 TERR CAPE CORAL, FL 33991</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Miki Swadner-Parrilla** **JULIE R. KAYATA MGRM** **REQUIRED**

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

Date **5-1-03** Daytime Phone # **5-1-03**

CR2E083 (10/02)