

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90128 035 ****50.00

DOCUMENT # L01000014027

1. Entity Name

ECOLIVING, LLC

Principal Place of Business

**3993 TYRONE BLVD
 608-188
 ST. PETERSBURG FL 33709
 US**

Mailing Address

**3993 TYRONE BLVD
 608-188
 ST. PETERSBURG FL 33709
 US**

2. Principal Place of Business

**8371 42nd AVE N
 Suite, Apt. #, etc.**

3. Mailing Address

**8371 42nd AVE N
 Suite, Apt. #, etc.**

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

593743907

☒ Applied For
☐ Not Applicable

Zip

Country

33709 USA

Zip

Country

33709 USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NOVOA, KALIKA
 3993 TYRONE BLVD
 608-188
 ST. PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name **NOVOA, KALIKA**
 Street Address (P.O. Box Number is Not Acceptable)
8371 42nd AVE N
 City **ST PETERSBURG** **FL** Zip Code **33709**

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

Kalika Novoa, President
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

10 Sept 02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition
**PRESIDENT
 KALIKA NOVOA
 8371 42nd AVE N
 ST PETERSBURG, FL 33709**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

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

10 Sept 02
 Date

**727/
 341-1555**
 Daytime Phone #