

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90003 009 \*\*\*\*50.00

**DOCUMENT # L01000014310**

1. Entity Name  
**KUKSU, LLC**



Principal Place of Business

**7018 OAKVIEW CIR.  
TAMPA FL 33634**

Mailing Address

**7018 OAKVIEW CIR.  
TAMPA FL 33634**

2. Principal Place of Business

**28455 Johnston Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**28455 Johnston Rd.**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Dade City FL**

Zip

**33523-6134**

Country

**USA**

City & State

**Dade City FL**

Zip

**33523-6134**

Country

**USA**

4. FEI Number **59-3739398**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RANKIN, KEITH  
7018 OAKVIEW CIR.  
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**28455 Johnston Rd.**

City

**Dade City**

FL

Zip Code

**33523-6134**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-25-03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RANKIN, KEITH**  
STREET ADDRESS **7018 OAKVIEW CIR.**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **28455 Johnston Rd.**  
CITY-ST-ZIP **Dade City FL 33523-6134**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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

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: *[Signature]* **SIGNATURE REQUIRED**

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

**2-25-03**

Date

**352-588-0272**

Daytime Phone #

CR2E083 (10/02)