

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000014479**

1. Entity Name

OPM OF MANASOTA, LLC**FILED**
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90224 002 ***150.00

Principal Place of Business

**4509 BEE RIDGE ROAD
STE. C
SARASOTA FL 34233-5817**

Mailing Address

**4509 BEE RIDGE ROAD
STE. C
SARASOTA FL 34233-5817****92754**

2. Principal Place of Business

3. Mailing Address

a, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1132594

Applied For

Not Applicable

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

Fee Required

6. Name and Address of Current Registered Agent

**WOLFINGER, ENOLA H
4509 BEE RIDGE ROAD
STE. C
SARASOTA FL 34233-5817**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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: *Geraldine L. Shay*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| 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 |
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| 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 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|
| Member John Shay 8466 N. Lockwood Ridge Rd. #30 Sarasota FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Member Geraldine L. Shay 8466 N. Lockwood Ridge Rd #30 Sarasota FL 34243 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E083 (9/01)

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: *Geraldine L. Shay*

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

Date

Daytime Phone #