

FILED
May 24, 2002 8:00 am
Secretary of State

04-03-2002 90025 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014572

1. Entity Name

C.D.H., LLC

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

86100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1132782

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
 Thomas E. Bieniek

Street Address (P.O. Box Number is Not Acceptable)
 16920 Waterline Rd.

City
 Bradenton

FL Zip Code
 34212

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)

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
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member Thomas E. Bieniek 16920 Waterline Rd. Bradenton FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member Tammi A. Bieniek 16920 Waterline Rd. Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" 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:

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

3-22-02

Date

Daytime Phone #

CP2E083 (9/01)