2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

STE C

4509 BEE RIDGE ROAD

SARASOTA FL 34233-5817

DOCUMENT # L01000014572

1. Entity Name

C.D.H., LLC

Principal Place of Business

4509 BEE RIDGE ROAD

SARASOTA FL 34233-5817

2. Principal Place of Business

STE C

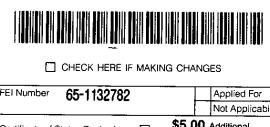
9.



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90022 007 ****50.00

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ADDITIONS/CHANGES

Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES		
				4. FEI Number 65-1132782	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Brenick, Thomas E 16920 Waterline Road Bradenton FL 34212			Street Add	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
trie obligations IGNATURE IGNATURE	ned entity submits this statem of registered agent. ature, typed or printed name of registered	agent and title if applicable.	ging its registered office or re (NOTE: Registered Agent signature LE NOW!!! FEE IS \$50		familiar with, and accept	
			Payable to Florida Depa			

MGRM TITLE Delete CR2E083 (10/02) Change TITLE ☐ Addition **BLEINIEK, THOMAS E** NAME NAME Bieniek,Thomas E. STREET ADDRESS 16920 WATERLINE ROAD STREET ADDRESS vago waterline pood CITY-ST-ZIP **BRADENTON FL 34212** CITY-ST-ZIP **MGRM** TITLE Delete TITLE ☐ Change ☐ Addition BIENIEK, TAMMI A NAME NAME STREET ADDRESS 16920 WATERLINE ROAD STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34212** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

10.

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

MANAGING MEMBERS/MANAGERS