

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90078 028 ****50.00

DOCUMENT # L01000015366

1. Entity Name

CONRADINA, L.L.C.



Principal Place of Business

Mailing Address

7 TOWN CENTER LOOP
SUITE C-14
SANTA ROSA BEACH FL 32459

7 TOWN CENTER LOOP
SUITE C-14
SANTA ROSA BEACH FL 32459

20018122



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7 TOWN CENTER LOOP

3. Mailing Address

7 TOWN CENTER LOOP

Suite, Apt. #, etc.

C14

Suite, Apt. #, etc.

C14

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

Zip
32459

Country
US

Zip
32459

Country
US

4. FEI Number 59-3756334

Applied For

Not Applicable

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

FRANKLIN H. WATSON, P.A.
5365 E CO HWY 30-A
SUITE 105
SEAGROVE BEACH FL 32459

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAMMETT, SR, BEN HAY
7 TOWN CENTER LOOP, SUITE C-14
SANTA ROSA BEACH FL 32459 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROOKIS, RICHARD J
7 TOWN CENTER LOOP, SUITE C-14
SANTA ROSA BEACH FL 32459 ☐ Delete

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

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☐ 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:

SIGNATURE REQUIRED

1.22.03

850-267-3400

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

Date

Daytime Phone #

CR2E083 (10/02)