

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-14-2003 90004 042 *****55.00

DOCUMENT # L01000015385



1. Entity Name
D.STRONGER LLC

Principal Place of Business
**2497 WATERVIEW COURT
SARASOTA FL 34231**

Mailing Address
**2497 WATERVIEW COURT
SARASOTA FL 34231**

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 **65-1154555**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASWELL, CHRIS
2384 FRUITVILLE ROAD
SARASOTA FL 34231**

Name **LARRY BECKER**
Street Address (P.O. Box Number is Not Acceptable)
2497 WATERVIEW COURT
City **SARASOTA** FL Zip Code **34231**

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 *Larry Becker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3-23-03**

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 **MGRM DAVID, STRONGER** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **160 W 96 STREET
NEW YORK NY 10025**

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

TITLE
NAME **MGRM TOBY, BEEKER** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2497 WATERVIEW CT
SARASOTA FL 34231**

TITLE
NAME **TOBY BECKER** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MGRM LARRY, BEEKER** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2497 WATERVIEW CT
SARASOTA FL 34231**

TITLE
NAME **LARRY BECKER** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Change ☐ Addition
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: *Larry Becker* **SIGNATURE REQUIRED**

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

Date **3/16/03**

Daytime Phone # **941 927 6224**

CR2E083 (10/02)