LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90577 036 ****55.00

DOCUMENT # 10/0000/602/

1. Entity Name

OUAGILIA FOR ECCAGAS

LIL TIC OF SARASOTA LLC

CHARLIN ETC. OF SHIVISOIN, LLC								
DO NOT WRITE IN THIS SPACE					\$ 572 65			
2. Principal Place of Business 4027 Roberts Point to 4027 Roberts Point Suite, Apt. #, etc. 3. Mailing Address 4027 Roberts Point Suite, Apt. #, etc.				<u>a</u>	do not writ	E IN THIS SP	ACE	
City & State SARASOTA TO City & State SARASOTA FE				4. FEI Number Applied For Not Applied For Not Applicable			 	
Zip 34	Country USA	Zip 34242	Country US A	5. Cert	ificate of Status Desired	₽ \$ F	5.00 Additional se Required	
DO NOT WRITE IN THIS SPACE			4	Street Address (P.O. Box Number is Not Acceptable) 46 N. Washington Blue, Suite 24				
8. The above	named entity submits this statement for	the purpose of changing its		ALASOTA or registered agent.	or both, in the State of Flo	FL orida.	Zip Code 3 Y 2 3 C	
SIGNATURE								
	agrame, typed or prince the egistered agent a	Make Check Pa	FEE IS \$50.00 yable to Depar DUE BY MAY 1			DATE .		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER AMGRM CHARLES BURBOL 4017 ROBERTS P SARASOTA TL MGRM LINDA BURBOL 4027 ROBERTS POINT SARASOTA, FL 342	TOINT RO 34242	TITLE NAME STREET ADDRESS CITY- ST- ZIP		DO NOT IN THIS S			
indicated	entify that the information supplied with to on this report is the and appropriate and the	hat my signature shall have t	the same legal eff	ect as if made unde	roath: that I am a manag	further certify	that the information	
indicated on this report is the 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: SIGN								