

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90104 024 *****50.00

DOCUMENT # L01000016361

1. Entity Name
KONRAD'S TOWING & RECOVERY, LLC



Principal Place of Business

**819 US 41 BYPASS
VENICE FL 34292**

Mailing Address

**819 US 41 BYPASS
VENICE FL 34292**

20014776



2. Principal Place of Business

800 U.S. 41 BYPASS SO.

3. Mailing Address

800 U.S. 41 BYPASS SO.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number **65-1138690**

Applied For
Not Applicable

Zip

34292

Country

USA

Zip

34292

Country

USA

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

6. Name and Address of Current Registered Agent

**WILLIAMS, JR, RICHARD T
819 US HWY 41 BYPASS S
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **RICHARD T. WILLIAMS, JR.**

Street Address (P.O. Box Number is Not Acceptable)
800 U.S. 41 BYPASS SO.

SUITE B

City **VENICE**

FL

Zip Code **34292**

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 **RICHARD T. WILLIAMS, JR.**

(NOTE: Registered Agent signature required when reinstating)

1/9/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WILLIAMS, JR, RICHARD T**
STREET ADDRESS **819 US HWY 41 BYPASS S**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **RICHARD T. WILLIAMS, JR.**
STREET ADDRESS **800 U.S. 41 BYPASS SO., SUITE B**
CITY-ST-ZIP **VENICE FL 34292**

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

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

TITLE ☐ Change ☐ Addition
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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: **RICHARD T. WILLIAMS, JR.**

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

(941)

484. 7968

1/9/03

Daytime Phone #

CR2E083 (10/02)