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FILED
Sep 02, 2002 8:00 am
Secretary of State

04-01-2002 90607 049 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016662

1. Entity Name

LAGSER U.S. LLC

Principal Place of Business

11418 VISCAYA RD
TAMPA FL 33637-2740

Mailing Address

11418 VISCAYA RD
TAMPA FL 33637-2740

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 272258



DO NOT WRITE IN THIS SPACE

City & State

City & State

TAMPA FL

4. FEI Number

59-3750942

Applied For

Not Applicable

Zip

Country

Zip

Country

33688-2258

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

GODOY, ROSANNA
 11418 VISCAYA RD
 TAMPA FL 33637-2740

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00-
Make Check Payable to Department of State.
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☒ Addition

DIRECTOR
 JOSE I ROMAN
 P.O. Box 272258
 TAMPA FL 33688-2258

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

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☐ Change☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

REQUIRED

3/21/02

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

Date

Daytime Phone #

CR2E083 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

April 9, 2002

LAGSER U.S. LLC
P.O. BOX 272258
TAMPA, FL 33688-2258

Subject: LAGSER U.S. LLC

Reference Number: L01000016662

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/BL

ANNUAL REPORTS SECTION

Attachment

870602

L01000016662

Just Received 8/24/02