## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT

## **FILED** Feb 14, 2003 8:00 am Secretary of State 01-22-2003 90108 027 \*\*\*\*\*5.00

1/2:

1. Entity Name	MENT # <b>L010000</b> ink, l.l.c.	16796		02-14-2003 90060 020 ****45.00				
Principal Place of Business Mailing Address 677 N. WASHINGTON BLVD 677 N. WASHINGTON BLVD 39140 39140 SARASOTA FL 34238 SARASOTA FL 34236			3	 	A RETURNIN ANT ELIKAL HOLD BOKIN			
2. Principal Place of Business 3. Mailing Ad 1269 157 5 TREET 126 9. Suite, Apt. #, etc. Suite, Apt.			STREET	LIMINUM MARKET	M MIN MIN ENN END WAS CK HERE IF MAKING O	TII(I ITAN CHANGES	i <b>r e</b> ig 1441	
SUITE, API.	TE # 4	CUITE	CUITE #4		4. FEI Number 65-1143415 Applied For			
City & State SALASOTA, FLORIDA City & State SALASOTA, FLORIDA			A, FLORIDA	4. FEI Muniper 65		Not	Applicable	1
Zip 342)	Country	Zip 4276	Country US A	5. Certificate of Status	Desired Li Fo	5.00 Addi se Required		
37 00	6. Name and Address of Current		·	7. Name and Address	of New Registered Ag	ent	<del></del> -	
74.40		- rept 175, and to the	- Name					1
BUSTARD, R. DAVID 200 SOUTH ORANGE AVE. SARASOTA FL 34238			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			-			-		}
			City		FL	Zip Code	3	1
	named entity submits this statement for	or the numose of changing its	registered office or regist	ered agent, or both, in the	State of Florida. I am far	miliar with,	and accept	1
8. The above	tions of registered agent.	a mo purpose or or engine						,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature requir	ed when reinstating)	DATE			
<del></del>	Signature, typed or primits retirm to registered against		OW!!! FEE IS \$50.00					
Make Check Payable			ie to Florida Departm					<b> </b> ,
		Di	e By May 1, 2003					4
9.	MANAGING MEMB	ERS/MANAGERS	10.	AI	ODITIONS/CHANGES	☐ Change	☐ Addition	ନ୍ଦ
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI). 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 eath; 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.

HAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

MATURE MEQUINED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE