

2002 UNIFORM BUSINESS REPORT (UBR)

0011038

DOCUMENT # L01000016932

1. Entity Name

KOKO & PALENKI OF TAMPA, LLC

Principal Place of Business

2223 N. WESTSHORE BLVD.
#228
TAMPA FL 33601

Mailing Address

~~2223 N. WESTSHORE BLVD.~~ 7050 S.W. 46 ST
~~#228~~ Miami, FL - 33155.
~~TAMPA FL 33601~~

FILED

02 OCT 11 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7050 S.W. 46 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Zip

Country

Zip

33155

Country

4. FEI Number

Applied For

Not Applicable

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

GARCIA, JUSTIN
7050 SW 46TH STREET
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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 September 25, 2002

100008376991
10/15/02--01059--002 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR GARCIA, PAMELA 2223 N. WESTSHORE BLVD. TAMPA FL 33601	<input type="checkbox"/>		<input type="checkbox"/>
MGR GARCIA, JUSTIN 2223 N. WESTSHORE BLVD. TAMPA FL 33601	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: SIGNATURE REQUIRED

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

10.10.02

305-661-987

Date

Daytime Phone #

CR2E083 (4/02)



TO:
Division Of Corporations

FROM:
Pamela Garcia

COMPANY:

DATE:
10/2/02

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

1

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Document #101000016932

YOUR REFERENCE NUMBER:

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

1. NOTES/COMMENTS:

I would like to request to for you to waive the late fee as the mailing address was not correct.
I was unaware that this was sent as it is in another city .

The mailing address should be:

KoKo & Palenki
7050 SW 46 Street
Miami, Florida 33155

Thank you for your consideration.

Sincerely,
Pamela Garcia