## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000018329

MARGIES BULLPEN, LLC



## **FILED** Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90004 039 \*\*\*\*50.00

Principal Place of Business  Mailing Address  11510 OLD GRADE ROAD POLK CITY FL 33868  POLK CITY FL 33868  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Typ  Country  Street Address of New Registered Agent  Name  AVERSA, MARGIE A 11510 OLD GRADE ROAD POLK CITY FL 33868  City  Street Address (P.O. Box Number is Not Acceptable)  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	Applied For Not Applicable Additional
Suite, Apt. #, etc.    CHECK HERE IF MAKING CHAN   City & State   City & State   4. FEI Number   52-2351223     Zip   Country   Zip   Country   5. Certificate of Status Desired   \$5.00     Fee Re R	Applied For Not Applicable Additional
City & State  Country  Country  Country  5. Certificate of Status Desired Fee Re  6. Name and Address of Current Registered Agent  AVERSA, MARGIE A 11510 OLD GRADE ROAD POLK CITY FL 33868  City  FL Zip  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 the obligations of registered agent.  SIGNATURE	Applied For Not Applicable Additional
Zip Country Zip Country 5. Certificate of Status Desired \$5.00  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  AVERSA, MARGIE A  11510 OLD GRADE ROAD  POLK CITY FL 33868  City FL Zip  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 the obligations of registered agent.  SIGNATURE	Not Applicable  Additional
6. Name and Address of Current Registered Agent  AVERSA, MARGIE A 11510 OLD GRADE ROAD POLK CITY FL 33868  City  Fee Re  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip  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 the obligations of registered agent.  SIGNATURE	Additional
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FILE NOW!!! FEE IS \$50.00	ľ
Make Check Payable to Florida Department of State  Due By May 1, 2003	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the informatic 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 R, MANAGER, OR AUTHORIZED REPRESENTATIVE