

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90008 008 ****50.00

DOCUMENT # L01000018539

1. Entity Name

LARGO MANAGEMENT SERVICES LLC



Principal Place of Business

**180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114**

Mailing Address

**180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114**

2. Principal Place of Business

10 Broadwater Rd
Suite, Apt. #, etc.

3. Mailing Address

10 Broadwater Rd
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Ormond Beach FL

City & State
Ormond Beach FL

4. FEI Number **01-0557520**

Applied For
Not Applicable

Zip **32174** Country **USA**

Zip **32174** Country **USA**

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

6. Name and Address of Current Registered Agent

**WERCHOLUK, RICHARD
180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name **Wercholak, Richard**
Street Address (P.O. Box Number is Not Acceptable) **10 Broadwater Rd**
City **Ormond Beach** FL Zip Code **32174**

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)

4-1-03
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 NAME STREET ADDRESS CITY-ST-ZIP | MGR WERCHOLUK, RICHARD 861 WORCESTER DRIVE NISKAYUNA NY 12309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WERCHOLUK, LOUELLA 861 WORCESTER DRIVE NISKAYUNA NY 12309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WERCHOLUK, AMANDA 861 WORCESTER DRIVE NISKAYUNA NY 12309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Wercholak, Richard 10 Broadwater Rd Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Wercholak, Louella 10 Broadwater Rd Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Wercholak, Amanda 10 Broadwater Rd Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4-1-03

386-846-3177

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

Date

Daytime Phone #

CR2E083 (10/02)