

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90004 035 ****50.00

DOCUMENT # L01000018844

1. Entity Name

SERVICE AMERICA VENDING, LLC



Principal Place of Business

Mailing Address

**5514 NORTH DAVIS HIGHWAY, SUITE 107
PENSACOLA FL 32503**

**5514 NORTH DAVIS HIGHWAY, SUITE 107
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

4400 BAYOU BLVD

P.O. BOX 17284

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 26A

City & State

City & State

PENSACOLA FL

PENSACOLA, FL

Zip

Country

Zip

Country

32503

ESCAMBIA

32522

ESCAMBIA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIBERIS, CHARLES S
1610 BARRANCAS AVENUE
PENSACOLA FL 32501**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **BONIFAY, MARK S**
STREET ADDRESS **5514 NORTH DAVIS HIGHWAY, SUITE 107**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **MGR** ☒ Change ☐ Addition
NAME **MARK BONIFAY**
STREET ADDRESS **4400 BAYOU BLVD SUITE 26A**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/10/03 850-857-0758

Date

Daytime Phone #

CR2E083 (10/02)