

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90005 021 ****50.00

DOCUMENT # L01000018968

1. Entity Name
COLDESA INVESTMENTS, LLC



Principal Place of Business
**4457 PRO AM AVE. EAST
BRADENTON FL 34203**

Mailing Address
**4457 PRO AM AVE. EAST
BRADENTON FL 34203**

10100000



2. Principal Place of Business
2932 RAVINES RD.
Suite, Apt. #, etc.

3. Mailing Address
2932 RAVINES RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Middleburg, FLA
Zip
32068 Country

City & State
Middleburg FLA
Zip
32068 Country

4. FEI Number **65-1158454**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMILTON, THEODORE J ESQ.
2625 PARK TOWER 400 N.
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE **MGRM** ☐ Delete
NAME **MATTHEWS, COLIN**
STREET ADDRESS **4457 PRO AM AVE. EAST**
CITY-ST-ZIP **BRADENTON FL 34203** **2932 RAVINES RD Middleburg, FLA 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

5/1/03

904-282-1111

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

Date

Daytime Phone #

CR2E083 (10/02)