

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 027 ****50.00

DOCUMENT # L01000019702

1. Entity Name
OUTMATCH, L.L.C.



Principal Place of Business

517 PAUL MORRIS DRIVE
A-1
ENGLEWOOD FL 34223-5201
US

Mailing Address

517 PAUL MORRIS DRIVE
A-1
ENGLEWOOD FL 34223-5201
US

2. Principal Place of Business

2750 Wisteria Street

Suite, Apt. #, etc.

3. Mailing Address

2750 Wisteria Street

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip **34224** Country **Charlotte**

City & State

Englewood, FL

Zip **34224** Country **Charlotte**

4. FEI Number **65-1155833**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ISHKOV, YELENA
517 PAUL MORRIS DRIVE
SUITE A-1
ENGLEWOOD FL 34223-5201

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2750 Wisteria Street

City

Englewood

FL

Zip Code

34224

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 *Yelena Ishkov*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-03

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 **MGRM** ☐ Delete
NAME **ISHKOV, YELENA**
STREET ADDRESS **5500 BENTGRASS DR APT 116**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **MGRM** ☐ Delete
NAME **ISHKOV, SERGEY**
STREET ADDRESS **5500 BENTGRASS DR APT 116**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2750 Wisteria Street**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2750 Wisteria Street**
CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ Change ☐ Addition
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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: *Yelena Ishkov* **REQUIRED**

4-3-03

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

Date

Daytime Phone #

CR2E083 (10/02)