

2002 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 08, 2002 8:00 am
Secretary of State

08-18-2002 90125 038 ****50.00

DOCUMENT # L01000019835

1. Entity Name

LILA, LLC

Principal Place of Business

33 NORTH GARDEN AVENUE
 SUITE 750
 CLEARWATER FL 33755

Mailing Address

33 NORTH GARDEN AVENUE
 SUITE 750
 CLEARWATER FL 33755

2. Principal Place of Business

33 N. Garden Ave.

3. Mailing Address

P.O. Box 1348

Suite, Apt. #, etc.

770

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755

Country

USA

Zip

33757

Country

USA

4. FEI Number

59-3761122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVELLINI, PETER A.

911 CHESTNUT STREET

CLEARWATER FL 33756

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Managing Member ☐ Delete
 Ronald + Mireille Pollack, as TBE
 33 N. Garden Ave. #770
 Clearwater, FL 33755

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

TITLE
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☐ Change ☐ 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

Ronald G. Pollack

8-5-02

727/298-5409

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

Date

Daytime Phone #

CR2E083 (4/02)