

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90312 012 \*\*\*\*50.00

**DOCUMENT # L01000019975**

1. Entity Name

**SHOPPERASSISTANT, LLC**



Principal Place of Business

**1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

Mailing Address

**1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

**20014189**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**1401 MANATEE AVE W**

3. Mailing Address

**1401 MANATEE AVE W**

Suite, Apt. #, etc.

**SUITE 910**

Suite, Apt. #, etc.

**SUITE 910**

City & State

**BRADENTON FLORIDA**

City & State

**BRADENTON FLORIDA**

Zip

**34205**

Country

**USA**

Zip

**34205**

Country

**USA**

4. FEI Number **NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, FREDERICK J  
1401 MANATEE AVENUE WEST, STE. 910  
BRADENTON FL 34205**

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

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

TITLE **MGRM** ☐ Delete  
NAME **MURRELL, FREDERICK J**  
STREET ADDRESS **1401 MANATEE AVENUE WEST, STE. 910**  
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **member** ☐ 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEMBER** ☐ Change ☒ Addition  
NAME **KELVIN A. MAASHAWAN**  
STREET ADDRESS **1401 MANATEE AVE W Ste 910**  
CITY-ST-ZIP **Bradenton, FL 34205**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)