

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90018 015 ****50.00

DOCUMENT # L01000019986

1. Entity Name

TONYA, LLC



Principal Place of Business

~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

Mailing Address

~~200 SOUTH ORANGE AVE.~~
~~SUITE 2300~~
~~ORLANDO FL 32801~~

2. Principal Place of Business

12101 CRESCENT COVE CT.

Suite, Apt. #, etc.

3. Mailing Address

12101 CRESCENT COVE CT.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

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

~~PEREZ, TICO A~~
~~200 SOUTH ORANGE AVE SUITE 2300~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name **JACQUELINE BOZZUTO**

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

215 NORTH EOLA DRIVE

City **ORLANDO**

FL

Zip Code
32801

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

Jacqueline Bozzuto

4/08/03

Signature of the Registered Agent (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 **P** ☐ Delete
NAME **RIVERS, JOHNNY SR**
STREET ADDRESS **12101 CRESCENT COVE CT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

2/12/03

(407) 648-0079

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

Date

Daytime Phone #

CR2E083 (10/02)