

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90041 044 ****50.00



DOCUMENT # L01000021517

1. Entity Name
STING RAY, L.L.C.

Principal Place of Business
**600 VICTORY GARDEN DR. #D30
TALLAHASSEE FL 32301**

Mailing Address
**P.O. BOX 14223
TALLAHASSEE FL 32317**

00000200



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6047 Pimlico Ct

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee Fla

City & State

4. FEI Number **26-0036477**

Applied For
Not Applicable

Zip **32312** Country **LEON**

Zip Country

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

**RICHARD M. POWERS, P.A.
315 SOUTH CALHOUN ST., STE. 308
TALLAHASSEE FL 32301**

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

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, TED 600 VICTORY GARDEN DR D30 TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/02

CR2E083 (10/02)