

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90114 011 ****50.00

DOCUMENT # L01000021740

1. Entity Name
ALAMO, TX POST OFFICE, L.L.C.



Principal Place of Business

**9725 SW 215TH LANE
MIAMI FL 33189
US**

Mailing Address

**P.O. BOX 8978
MADEIRA BEACH FL 33738**

2. Principal Place of Business

17455 1st St. E.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, FL

City & State

4. FEI Number **65-1156068**

Applied For

Not Applicable

Zip

Country

33708 US

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

**BAKER, CHARLES N
9725 SW 215TH LANE
MIAMI FL 33189**

Name

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

17455 1st St. E.

City

St. Petersburg

FL

Zip Code

33708

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

1/6/03

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

TITLE **P** ☐ Delete
NAME **BAKER, CHARLES**
STREET ADDRESS **9725 SW 215TH LANE**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☒ Change ☐ Addition
NAME **17455 1st St. E.**
STREET ADDRESS **St. Petersburg, FL 33708**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **KITZMOYER, ANDREA**
STREET ADDRESS **6500 68 AVENUE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☒ Change ☐ Addition
NAME **Filtzmoyer, Andrea**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

Date

Daytime Phone #

1/6/03

127-395-0111

CR2E083 (10/02)