

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90021 014 \*\*\*\*50.00

0017857

**DOCUMENT # L01000021786**

1. Entity Name

**AFFINITY LIQUIDATION ADMIN LLC**



Principal Place of Business

Mailing Address

**2200 TALL PINES DR., STE. 106  
LARGO FL 33771**

**2200 TALL PINES DR., STE. 106  
LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

**14001 63rd Way N**

**14001 63rd Way N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Clearwater, FL**

**Clearwater, FL**

Zip

Country

Zip

Country

**33760**

**Pineellas**

**33760**

**Pineellas**

6. Name and Address of Current Registered Agent

4. FEI Number **04-3597044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

7. Name and Address of New Registered Agent

**MCGINTY, A. EDWARD  
BANK OF AMERICA PLAZA  
101 E. KENNEDY BLVD, STE. 2800  
TAMPA FL 33602**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **POITRAS, ROBERT**  
STREET ADDRESS **2200 TALL PINES DR., STE. 106**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Poitras, Robert**  
STREET ADDRESS **14001 63rd Way N**  
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**Robert Poitras** **REQUIRED**

**7/15/03 727-533-8730**

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

Date

Daytime Phone #

CR2E083 (4/03)