

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90061 019 ****50.00

DOCUMENT # L01000022079

1. Entity Name
ALBANO ENTERPRISES, LLC



Principal Place of Business
**29 ENTERPRISE DR
BUNNELL FL 32110**

Mailing Address
**13 EASTMOOR LANE
PALM COAST FL 32164**

20020132



2. Principal Place of Business

3. Mailing Address
14 LAQARE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Palm Coast FL

4. FEI Number **80-0022034**

Applied For
Not Applicable

Zip Country

Zip Country
32137 USA

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

**ALBANO, ELLEN SUE
13 EASTMOOR LANE
PALM COAST FL 32164**

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 *Ellen Sue Albano*

1/23/03

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ALBANO, ELLEN**
STREET ADDRESS **13 EASTMOOR LANE**
CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE **MGR** ☐ Delete
NAME **ALBANO, THOMAS**
STREET ADDRESS **13 EASTMOOR LANE**
CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ellen Sue Albano

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

Date

Daytime Phone #

1/23/03 386.437.5930

CR2E083 (10/02)