

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

03-07-2003 90016 008 ****50.00

DOCUMENT # **L01000022175**

1. Entity Name

CYA, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8264 - 43rd St. N.

Suite, Apt. #, etc.

3. Mailing Address

8264 - 43rd St. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

4. FEI Number

01-0576583

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33781

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOSEPH C. SKALSKI, CPA, JD

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

14010 Roosevelt Blvd.

Ste. 708

City

Clearwater

FL

Zip Code

33762

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

Joseph C. Skalski
Signature, typed or printed name of registered agent and title if applicable.

1/24/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
CATERINA MARY
8264 - 43rd St. N.
Pinellas Park, FL 33781**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
GALLASO ROSE
8264 - 43rd St. N.
Pinellas Park, FL 33781**

TITLE
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IN THIS SPACE**

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

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

2-3-03 (727) 545-5713

Date

Daytime Phone #

CR2E083B (12/02)