

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90598 018 ****50.00

DOCUMENT # L01000022191

1. Entity Name

MARGARET A. RYDER, L.L.C. Oldsmar Nursery

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

180 N. Racetrack Rd.

3. Mailing Address

8140 Honeybee Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, Fl.

City & State

Tampa, Fl.

4. FEI Number

80-0006394

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

33635

Country

Hillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Margaret Ryder

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

8140 Honeybee Ln.

City

Tampa

FL

Zip Code

33635

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Owner - MGRM
Margaret Ryder
8140 Honeybee Ln.
Tampa, Fl. 33635

TITLE
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CR2E083B (12/01)

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:

Margaret Ryder

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

4/29/02 813-855-3122

Date

Daytime Phone #