

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90025 017 \*\*\*\*50.00

**DOCUMENT #** L01000022371

1. Entity Name

SUMTER-PRICE, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12360 66th ST N

Suite, Apt. #, etc.

SUITE H

City & State

LARGO FL

Zip

33773

Country

USA

3. Mailing Address

P.O. Box 17467

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0589387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Carlos YEPES

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

12360 66th ST N #H

City LARGO

FL

Zip Code

33773

**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.

4/8/02  
DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	CARLOS A YEPES
STREET ADDRESS	P.O. Box 17467
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	J
NAME	GREG A NOWAK
STREET ADDRESS	P.O. Box 7588
CITY-ST-ZIP	CLEARWATER, FL 33758
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
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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:

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

Date

Daytime Phone #

4/8/02 (727) 536 8682