

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90114 011 *****50.00

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DOCUMENT # L01000022538

1. Entity Name

D'AGOSTINO AND ASSOCIATES, LLC.



Principal Place of Business

**330 SOUTH PINEAPPLE AVENUE
SUITE 102
SARASOTA F: 34236
US**

Mailing Address

**330 SOUTH PINEAPPLE AVENUE
SUITE 102
SARASOTA F: 34236
US**

2. Principal Place of Business

330 S. Pineapple Ave.

3. Mailing Address

330 S. Pineapple Ave.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34236

Country

USA

Zip

34236

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'AGOSTINO, KENNETH
2500 COLONY TERRACE
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
D'AGOSTINO, KENNETH
2500 COLONY TERRACE
SARASOTA FL 34239**

☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #

Kenneth D. Agostino President 4-16-03 941-954-4222

CR2E083 (10/02)