

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90065 017 ****50.00

DOCUMENT # L01000022854

1. Entity Name
PHOENIX, L.L.C.



Principal Place of Business
**1208 SOUTH MYRTLE AVE.
CLEARWATER FL 33756**

Mailing Address
**1000 PINELLAS STREET
CLEARWATER FL 33756-3433**

2. Principal Place of Business

2502 Rocky Point Dr.

Suite, Apt. #, etc.
1050

City & State
Tampa, FL

Zip
33607

Country
USA

3. Mailing Address

2502 Rocky Point Dr.

Suite, Apt. #, etc.
Suite 1050

City & State
Tampa, FL

Zip
33607

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0642874**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAHONEY, JESSICA P ESQ.
ZIMMET, UNICE, SALZMAN & FELDMAN, P.A.
2650 MCCORMICK DR., STE. 100
CLEARWATER FL 33659**

7. Name and Address of New Registered Agent

Name
Lori R. Sims, CPA
Street Address (P.O. Box Number is Not Acceptable)
Chestang, Ferrell, Sims & Eiserman, LLC
1400 W. Fairbanks Ave. Suite 102
City
Winter Park FL Zip Code
32789

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **2/12/03**

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	MGRM RYAN, JOHN M 1208 SOUTH MYRTLE AVE. CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, JOHN M. 2502 Rocky Point Dr. Suite 1050 Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

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

Date

Daytime Phone #

Jan 27/03

CR2E083 (10/02)