

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0058991

DOCUMENT # L02000000100

1. Entity Name
MIKE'S HOLDING COMPANY, L.L.C.



FILED

03 APR 18 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**9119 CORPORATE LAKE DRIVE, SUITE 300
TAMPA FL 33634**

Mailing Address
**9119 CORPORATE LAKE DRIVE, SUITE 300
TAMPA FL 33634**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

14-1852048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTINEZ, DANIEL F II ESQ
9119 CORPORATE LAKE DRIVE, SUITE 300
TAMPA FL 33634**

Name **Echevarria, Michael J.**
Street Address (P.O. Box Number is Not Acceptable)
9119 Corporate Lake Dr, Suite 300
City **Tampa** FL Zip Code **33634**

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

mgh **President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **ECHEVARRIA, MICHAEL J**
STREET ADDRESS **9119 CORPORATE LAKE DRIVE, SUITE 300**
CITY - ST - ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **800016324728
04/18/03--01045--023 **50.00**

TITLE ☐ Delete
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CITY - ST - ZIP

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:

Michael J. Echevarria
SIGNATURE REQUIRED

3/4/03

813-342-2200
Daytime Phone # **6x.3009**

CR2E083 (10/02)