

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 047 ****50.00

DOCUMENT # L02000000440

1. Entity Name

RICHARD OGGERO CONSULTING, LLC



Principal Place of Business

27060 ENCLAVE DRIVE
BONITA SPRINGS FL 34134

Mailing Address

27060 ENCLAVE DRIVE
BONITA SPRINGS FL 34134

2. Principal Place of Business

26221 Woodlyn Drive
Suite, Apt. #, etc.

3. Mailing Address

26221 Woodlyn Drive
Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

Bonita Springs FL

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OGGERO, RICHARD J
27060 ENCLAVE DRIVE
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Richard J. Oggero
Street Address (P.O. Box Number is Not Acceptable)
26221 Woodlyn Drive
City Bonita Springs, FL Zip Code 34134

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!!! FEES \$50.00

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

check #1038

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Richard Oggero</u> <u>26221 Woodlyn Drive</u> <u>Bonita Springs, FL 34134</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NA</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NA</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NA</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NA</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>NA</u>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

239-987-7488

CR2E083 (10/02)