## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 24, 2003 8:00 am Secretary of State

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Principal P	Place of Business	Mailing Address	<u> </u>		∤	-	011			
780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084		780 N. PONCE DE LEO	780 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084			د میران میران می		, , , 7	سسر	
2. Principa	al Place of Business	3. Mailing Address	3. Mailing Address							
	pt. #, etc.	Suite, Apt. #, etc.	City & State		☐ CHECK HERE IF MAKING CHANGES  4. FEI Number					
City & St										
	Country	Zip	Country			e of Status Desire	ьd Г \$	5.00 / se Requ	Additional	
-	6. Name and Address of Curr	rent Registered Agent	· ····································	·	7. Name an	d Address of Ne	w Registered Ag	ent		
	RAGUSA, MICHAEL A		=== =Nä	arne				P-= ~~	· -	
C/0	0 n. ponce de leon blvd. O upchurch bailey & upchi . Augustine Fl 32084	URCH, P.A.	Stu	Street Address (P.O. Box Number is Not Acceptable		able)				
<b>U</b> 1.	. AUGUSTINE PL 32084		Cit	ty	·	<u> </u>	FL	Zip Co	nde.	
	e named entity submits this statemer ations of registered agent.	nt for the purpose of changing is	ts registered offi	ice or registered	d agent, or bo	th, in the State of	Florida. I am farr	lliar with	n, and acce	
IGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	TE: Registered Agent	signature required w	han reinstations					
BIGNATURE	Signature, typed or printed name of registered ag	<u> </u>	TE: Registered Agent		han reinstating)		DATE		<u> </u>	
	Signature, typed or printed name of registered ag	FILE N Make Check Payat	IOW!!! FEE	IS \$50.00 Department	T		- DATE		<u> </u>	
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•	Signature, typed or printed name of registered actions of the second of	Make Check Payat  Du  BERSAMANAGERS	lOW!!! FEE! ble to Florida #8 By May 1,	IS \$50.00 Department	T	ADDITION	DATE S/CHANGES			
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