


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90017 006 ****55.00

0063885

DOCUMENT # L02000001172	
1. Entity Name DAN RICHARDS, L.L.C.	

Principal Place of Business 350 SEA GRAPE RD VENICE FL 34293	Mailing Address 350 SEA GRAPE RD VENICE FL 34293
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2. Principal Place of Business 2159 S. Tamiami Trail Suite, Apt. #, etc.	3. Mailing Address 2159 S. Tamiami Trail Suite, Apt. #, etc.
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City & State Venice FL	City & State Venice FL
Zip 34293	Zip 34293
Country U.S.	Country U.S.



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ROBERTS, GREGORY C 641 VENICE AVE W VENICE FL 34285	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Dan Richards	7/11/03	941-497-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083 (10/02)