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

## DOCUMENT # L02000002292

1. Entity Name

CORPORATE & ADVISORY ASSOCIATES, LLC



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90031 009 \*\*\*\*50.00

Principal Plac	e of Business	Mailing Address	Mailing Address							
757 TROPICAL CIRCLE		757 TROPICAL CIRCLE								
SARASOTA FL	34242	SARASOTA FL 34242								
						111 <b>6</b> 11 <b>36</b> 111 (1811 <b>16</b> 111 <b>16</b> 111 1				
2. Principal Place of Business		3. Mailing Address								
As above			As abuse.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			ber (SSN) - 97-8342			pplied For ot Applicable	-
Zip	Country	Zip	Zip Coun			te of Status Desired		5.00 Ad e Require		1
	6. Name and Address of Curren	nt Registered Agent			7. Name ar	nd Address of New Re	gistered Ag	ent		1
	A CONTRACTOR OF THE PARTY OF TH		Name	المقيد الده بسريان» عن عن - 					7-	
	CKNELL, PHILIP TROPICAL CIRCLE		Street A		dress (P.O. Box Num	ber is Not Acceptable)				1
	ASOTA FL 34242					· · · ·	· <b>-</b>			$\frac{1}{1}$
				City			FL	Zip Coo	le	+
The above period online submits this statement for the surross of above is:				d office or	registered agent of h	oth in the State of Clark		niliar with	and accort	$\dashv$
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										
SIGNATORE -	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature	e required when reinstating)		DATE			1
		FILE NO	OW!!! F	EE IS \$5	0.00					1
		Make Check Payab	le to Flo	orida Depa	artment of State			•		
		Du	e By Ma	ıy 1, 2003						
9.	MANAGING MEMBERS/MANAGERS 10.					ADDITIONS/C	HANGES			J.
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NAME	BUCKNELL, PHILIP		NAME					-		3
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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.



941-346-2509