FILED
Mar 24, 2003 8:00 am
Secretary of State

02-24-2003 90048 043 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003398

1. Entity Name
PALLAS , LLC

Principal Place of Business	Mailing Address
21030 U. S. 19 NORTH CLEARWATER FL 33765 US	21030 U. S. 19 NORTH CLEARWATER FL 33765 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12100 Roosevelt Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State
Zip: 33716 Country: USA	Zip Country

4. FEI Number: 59-3559179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATESI, EMIL G
1253 PARK ST.
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name: Anthony Menna MGRM
Street Address (P.O. Box Number Is Not Acceptable): 780 Eldorado Ave
City: Clearwater FL Zip Code: 33767

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!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	Member MGMR	☐ Delete
NAME	Anthony Menna	
STREET ADDRESS	780 Eldorado Ave	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: ____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #