

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0058224

DOCUMENT # L02000003550

1. Entity Name  
CFRA, LLC



FILED

2003 MAR 24 PM 1:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BOULEVARD, 5TH FLOOR  
TAMPA FL 33602-5730

Mailing Address

P.O. BOX 3239  
TAMPA FL 33601-3239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

WINDERS, PETER J  
ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BOULEVARD, 5TH FLOOR  
TAMPA FL 33602-5730

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Carlton Fields, P.A.  
777 S. Harbour Island Blvd., 5th Fl  
Tampa, FL 33602-5730 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500014910705  
03/28/03--01051--017 \*\*50.00 ☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

DEPARTMENT OF STATE  
FILING COVER SHEET

Date:

3/24/03

FILED

Requestor Name:

Carlton Fields

2003 MAR 24 PM 1:17

Address:

Post Office Box 190  
Tallahassee, Florida 32302

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Telephone:

(850) 224-1585

Contact Name:

Kim Pullen, CLA (x261)

Corporation Name:

CFRA, LLC

Entity Number:

L02000003550

Authorization:

Ailsa Ancheta

RECEIVED  
03 MAR 24 PM 12:00  
DIVISION OF CORPORATIONS

☐ Certified Copy ☐ Plain Copy ☐ Judgment Lien ☐ Certificate of Status

( ) Call When Ready

( ✓ ) Call if Problem

( ✓ ) Walk In

✓	NEW FILINGS/OTHER FILINGS	✓	AMENDMENTS/REGISTRATION/ QUALIFICATION
	PROFIT		AMENDMENT
	NONPROFIT		RESIGNATION OF R.A., OFFICER/DIRECTOR
✓	LIMITED LIABILITY		CHANGE OF REGISTERED AGENT
	DOMESTICATION		DISSOLUTION/WITHDRAWAL
	OTHER		MERGER
	ANNUAL REPORT		FOREIGN CORPORATION
	FICTITIOUS NAME		LIMITED PARTNERSHIP
	NAME RESERVATION		REINSTATEMENT
			TRADEMARK
			OTHER

CF Internal Use Only

Client: 99991 Matter: 09073

TAL#501656.02

Marie Vance, Tampa.