

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-11-2003 90049 028 ****50.00

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DOCUMENT # L02000004108

1. Entity Name
TDK PIZZA, LC



Principal Place of Business

4209 US HIGHWAY 90 WEST
SUITE 306
LAKE CITY FL 32055-7708

Mailing Address

4209 US HIGHWAY 90 WEST
SUITE 306
LAKE CITY FL 32055-7708

2. Principal Place of Business

4267 US Hwy 90 W

3. Mailing Address

4209 US HWY 90 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#306

City & State

LAKE CITY FL

City & State

LAKE CITY FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. FEI Number

01-0586769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



55012731

6. Name and Address of Current Registered Agent

RANDS, PHIL
2659 ULMERTON ROAD
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

Anthony Keeler

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

4209 US HWY 90 W #306

City

LAKE CITY FL

FL

Zip Code

32055

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

1-13-03

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEELER, ANTHONY 4209 US HIGHWAY 90 WEST LAKE CITY FL 32055-7708	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/13/03

386-758-3130

CR2083 (10/02)