# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005476

FILED

03 OCT 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

OPUS, LLC

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1415 10TH ST W | PO Box 430 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PALMETTO, FL | City & State: Bradenton, FL |
| Zip: 34221 Country: US | Zip: 34206 Country: US |

MJM

10/13 DO NOT WRITE IN THIS SPACE

4. FEI Number: 05-0526330 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: GEORGE NAJMY

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

1415 10TH ST W

City: PALMETTO FL Zip Code: 34221

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: GEORGE NAJMY, Managing Member DATE: 10/6/03
Signature of and printed name of registered agent and title if applicable

**FEE IS $30.00**
**Make Check Payable to Florida Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGING MEMBER<br>GEORGE NAJMY<br>1415 10TH ST W<br>PALMETTO, FL 34221 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E083B (12/02)

10. 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: GEORGE NAJMY, Managing Member 10/6/03 941-750-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #