

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

03-14-2003 90001 002 ****50.00

DOCUMENT # L02000006238

1. Entity Name
FANT-FL LLC



Principal Place of Business
**341 83RD AVE.
ST. PETERSBURG BEACH FL 33706**

Mailing Address
**341 83RD AVE.
ST. PETERSBURG BEACH FL 33706**

44002706



☐ CHECK HERE IF MAKING CHANGES

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 **59-3695997**

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name **STEFAN KLUCOVSKY**

Street Address (P.O. Box Number is Not Acceptable)
341 83RD AVE

City **ST. PETE BCH.**

FL

Zip Code **33706**

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]

STEFAN KLUCOVSKY OPERATING MANAGER 3-11-03

Signature, typed or printed name of registered agent and fee if applicable

(NOT 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 **MGRM**
NAME **KLUCOVSKY, STEFAN**
STREET ADDRESS **341 83RD AVE.**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**
☐ Delete

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

TITLE **MGRM**
NAME **BALAZ, OUSAN**
STREET ADDRESS **341 83RD AVE.**
CITY-ST-ZIP **ST. PETERSBURG BEACH FL 33706**
☒ Delete

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]

OPERATING MANAGER 3-11-03 727-3607577

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

Date

Daytime Phone #