

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91263 001 ***250.00

DOCUMENT # L02000007022

1. Entity Name

Comp-U-SAVE TAMPA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1911 E. FOWLER

Suite, Apt. #, etc.

3. Mailing Address

7229 ST. RD. 52

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

BAYONET POINT, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

3

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name ROONEY, Rockwell

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

8536 BRAXTON DR.

City HUDSON

FL

Zip Code 34667

**DO NOT WRITE
IN THIS SPACE**

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

Rockwell Rooney

4-21-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME comp-u-save computers, inc
STREET ADDRESS 8536 BRAXTON DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Rockwell Rooney

4-21-03 727 862-9828

Date

Daytime Phone #

CR2E083B (12/02)