

**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 # **L0200000 7025**

1. Entity Name

**Comp-U-SAVE PINELLAS PARK, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7701 PARK BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**7229 STATE RD 52**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PINELLAS PARK, FL**

Zip

Country

**USA**

City & State

**BAYONET POINT, FL**

Zip

Country

**34667**

**USA**

4. FEI Number

☒ 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

**RODNEY ROCKWELL**

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

**8536 BRAXTON DR.**

City

**HUDSON**

**FL**

Zip Code

**34667**

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

**RODNEY ROCKWELL**

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

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Comp-U-Save Computers, Inc.  
8536 BRAXTON DR.  
HUDSON, FL 34667**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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:

**RODNEY ROCKWELL**

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

Date

Daytime Phone #

**4-21-03 727-862-9928**

CR2E083B (12/02)