

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0040

DOCUMENT # L02000007459

1. Entity Name
OLDE SARASOTA ASSOCIATES, L.L.C.



FILED

03 JUN 13 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

5252 TAMiami TRAIL. S.
SARASOTA FL 34231

Mailing Address

5252 TAMiami TRAIL. S.
SARASOTA FL 34231

2. Principal Place of Business

8880 Tennene Ct.

Suite, Apt. #, etc.

3. Mailing Address

8880 Tennene Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs FL 34135

Zip

34135

Country

USA

City & State

Bonita Springs FL

Zip

34135

Country

USA

4. FEI Number

01-0652500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALIN, EDWARD L

5252-TAMiami-TRAIL-S.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name LALINE miller

Street Address (P.O. Box Number is Not Acceptable)
8880 Tennene Ct.

City

Bonita Springs

FL

Zip Code

34135

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)

4/15/03

DATE

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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
Managing member
Mark K. Rasmus
8880 Tennene Ct.
Bonita Springs FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Managing member
Brit Svoboda
8880 Tennene Ct.
Bonita Springs FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
~~04/30/03--01122--013 **100.00~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
~~04/30/03--01122--013 **50.00~~

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

4/15/03

239-949-6855

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

Date

Daytime Phone #

CR2E083 (10/02)