

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90009 005 *****55.00

DOCUMENT # L02000010236

1. Entity Name

LIVERO CONSTRUCTION COMPANY, L.L.C.



Principal Place of Business

**2144 GULF GATE DRIVE
SARASOTA FL 34231**

Mailing Address

**2144 GULF GATE DRIVE
SARASOTA FL 34231**

2. Principal Place of Business

6637 SUPERIOR AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

City & State

SARASOTA FLORIDA

Zip

34231

Country

USA

Country

4. FEI Number

03-0428967

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SEMBIANTE, ROBERTO

**2144 GULF GATE DRIVE
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

SEMBIANTE ROBERTO

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

6637 SUPERIOR AVE. SUITE B

City

SARASOTA

FL

Zip Code

34231

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

(NOTE: Registered Agent signature required when reinstating)

04/04/03

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 **MGRM** ☐ Delete
NAME **SEMBIANTE, ROBERTO**
STREET ADDRESS **2144 GULF GATE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **MGRM** ☐ Delete
NAME **LIVERO, LUCA**
STREET ADDRESS **2144 GULF GATE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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]
SIGNATURE REQUIRED

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

04/04/03 (941) 925 82 79

Date

Daytime Phone #

CR2E083 (10/02)