## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000010257

1. Entity Name

NYSTEDT ENTERPRISES LLC



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90008 039 \*\*\*\*50.00

Principal Place of Business	Mailing Address	4	
HAW BLOOMINGTON AVE.  BRANDON FL 93511  8450 U.S.301 So.  RIVERVIEW F1 33549	Mailing Address 114 W. BLOOMINGTON AVE. BRANDON FL 33511	TVE.	
2. Principal Place of Business	3. Mailing Address	· -	
Suite, Apt. #, etc.	Suite Apt # etc		

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City & State			City & State		4. FEI Nu	mber 0552721		<del></del>	pplied For ot Applicable			
Zip		Count	ту	Zip	Country			5. Certificate of Status Desired Specification Status Desired Fee Required				
	6. Name	and Add	ress of Current R	egistered Agent			7. Name a	and Address of New Regis		•		
HIN	IEG IAMEG	D		<del></del>	-N	- Name						
HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA FL 33606				s	Street Address (P.O. Box Number is Not Acceptable)							
				C	City FL Zip Code							
8. The above	e named entity	submits	this statement for t	he purpose of changing its	registered o	ffice or registe	red agent or	both in the State of Elected		iliarwith	and agent	
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)  DATE												
	Signature, typed o	printed nar	ne or registered agent and	title if applicable. (NOTE	:: Registered Age	nt signature required	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003												
9.		1AM	NAGING MEMBERS	S/MANAGERS	10.			ADDITIONS/CHA	ANGES			
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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

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