

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90585 046 *****50.00

0035902

DOCUMENT # L02000010832

1. Entity Name

LARGO LEASING, L.L.C.



Principal Place of Business

~~603 INDIAN ROCKS ROAD~~
~~BELLEAIR FL 33756~~

Mailing Address

~~603 INDIAN ROCKS ROAD~~
~~BELLEAIR FL 33756~~

2. Principal Place of Business

148 13TH ST SW

Suite, Apt. #, etc.

SUITE 200

City & State

LARGO FL

Zip
33740

Country
USA

3. Mailing Address

148 13TH ST SW

Suite, Apt. #, etc.

SUITE 200

City & State

LARGO FL

Zip
33740

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUGGLES, THOMAS W
603 INDIAN ROCKS ROAD
BELLEAIR FL 33756

7. Name and Address of New Registered Agent

Name **STEPHEN M WEINSTOCK RLL**

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

148 13th St SW

City **LARGO**

FL

Zip Code

33770

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)

4/24/03

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 **MGR** ☐ Delete
NAME **WEINSTOCK, STEPHEN M**
STREET ADDRESS **1345 WEST BAY DRIVE, SUITE 401**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **148 13th St SW**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 REQUIRED

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

4/24/03 127 584 1394

Date

Daytime Phone #

CR2E083 (10/02)