

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90250 038 ****50.00

DOCUMENT # L02000011566

1. Entity Name

Longbeard, LLC



Principal Place of Business

**2514 - 9TH STREET WEST
BRADENTON FL 34205**

Mailing Address

**2514 - 9TH STREET WEST
BRADENTON FL 34205**

2. Principal Place of Business

2651 Whitfield Ave.

3. Mailing Address

2651 Whitfield Ave.

Suite, Apt. #, etc.

Suite 101

City & State

Sarasota FL

Zip

34243

Country

USA

City & State

Sarasota FL

Zip

34243

Country

USA

City & State

Sarasota FL

Zip

34243

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3683495

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREGORY, STUART M
2514 - 9TH STREET WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name **Gregory, Stuart M.**
Street Address (P.O. Box Number is Not Acceptable) **2651 Whitfield Ave.**
Suite 101
City **Sarasota** **FL** Zip Code **34243**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **Stuart M. Gregory** **MGRM** ☐ Delete
NAME **2651 Whitfield Ave. Suite 101**
STREET ADDRESS **Sarasota, FL 34243**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **W. Stuart Gregory** **MGRM**
STREET ADDRESS **2651 Whitfield Ave. Suite 101**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **MGRM** ☐ Delete
NAME **W. Stuart Gregory** **MGRM**
STREET ADDRESS **2651 Whitfield Ave. Suite 101**
CITY-ST-ZIP **Sarasota, FL 34243**

TITLE ☐ Delete
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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
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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: **Stuart M. Gregory** **1/6/02** **941-747-4242**

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

Date

Daytime Phone #

CR2E083 (10/02)