

FILED
Apr 15, 2003 8:00 am
Secretary of State

03-24-2003 90688 040 ****50.00

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

DOCUMENT # L02000011580			
1. Entity Name TUSCAWILLA 54TH, LLC			
Principal Place of Business 12360 66TH STREET NORTH, STE. H LARGO, FL 33773		Mailing Address 12360 66TH STREET NORTH, STE. H LARGO, FL 33773	
2. Principal Place of Business 6654 78th AVE-N		3. Mailing Address 6654 78th AVE-N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pineellas PARK, FL		City & State Pineellas PARK, FL	
Zip 33781		Country USA	
4. FEI Number 03-0449951		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COCKEY, PRESTON O JR. 201 N. FRANKLIN ST., STE. Z200 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agents must be bonded when submitting)			
DATE _____			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CARLOS A. YEPES 6654 78th AVE-N Pineellas PARK, FL 33781		☐ Delete	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied was 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 606, Florida Statutes.			
SIGNATURE: _____		Date: 4/10/03	
SIGNATURE AND TYPE IN PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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