

1 of 2

1768

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/23/2003-90023-015-\$50.00-\$50.00

DOCUMENT # L02000011862

1. Entity Name
CHOMODESIGN LLC



FILED

03 OCT -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
14508 N 18TH ST. 14508 N 18TH ST.
TAMPA FL 33613 TAMPA FL 33613

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
01-0680921 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSLEY, CHON
14508 N 18TH ST.
TAMPA FL 33613

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 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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	Chon Mosley	14508 N 18th St Tampa FL	<input type="checkbox"/>
	MGRM	Nellie Vasquez	14508 N 18th St Tampa FL	<input type="checkbox"/>
	MGRM	Dell Gray		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MGRM	Barbara M. Keys	2546 6th Ave S St Pete FL 33712	<input checked="" type="checkbox"/>
	MGRM	Omarra Cano	2803 W. SLIGH AVE. 703 Tampa, FL 33614	<input checked="" type="checkbox"/>
	MGRM	Dell Gray	14508 N 18th St Tampa FL 33613	<input checked="" type="checkbox"/>
	MGRM	Leonne Reid	6804 Timberlake Dr. W. Tampa FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
9-19-03 813 983 0181
Daytime Phone #

CF2E083 (4/03)



attachment

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C H O . M O . H E A L T H

3111 W DR MLK BLVD SUITE 100

TAMPA FL 33607

PH. 727.643.9066 OR 813.983.0189

FAX 813.977.8626

DATE: Sept. 5, 2003
TO: Division of Corporations
FROM: Chon. Mosley
ChoMoDesign LLC & Health

90158186

#102000011862

SUBJECT: Uniform Business Report Information

Current: Chon Mosley 14508 N 18th St, Tampa FL 33613
Nellie Vasquez 14508 N 18th St, Tampa FL 33613

Additions: Barbara Keys 2546 6th ave So St. Petersburg FL 33712
Omaira Cano 2803 W Sligh Ave apt 703, Tampa FL 33614
Dell Gray 14508 N 18th St, Tampa FL 33613
Leonne Reid 6804 Timberlane Dr W, Tampa FL 33615

In case the form is not legible please use this to supply necessary information.

Sincerely,

Chon. Mosley
ChoMoDesign LLC

Operations Manager, Chon. Mosley
ChoMoDesign LLC/ChoMoHealth
813.983.0189 or 727.643.9066
fax 813.977.8626