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# 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 14508 N 18TH ST. TAMPA FL 33613	Mailing Address 14508 N 18TH ST. TAMPA FL 33613
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>01-0680921</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 \_\_\_\_\_ (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	<b>MGRM</b> <b>Chon Mosley</b> <b>14508 N 18th St</b> <b>Tampa FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Nellie Vasquez</b> <b>14508 N 18th St</b> <b>Tampa FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Dell Gray</b> _____	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Date Daytime Phone # **9-19-03 813 983 0181**

CFR2E083 (4/03)

2 of 2

Attachment



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