2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90004 027 ****50.00

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DOCUMENT # L02000011881

1. Entity Name
LINEBAUGH L.L.C.

Principal Place of Business	Mailing Address
2708 W. KENNEDY BLVD. TAMPA, FL 33609 US	2708 W. KENNEDY BLVD. TAMPA, FL 33609 US

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2810 W ST Isabel St	2810 W St Isabel St
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: #201
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: 01-0709748 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTINO, THOMAS 2708 W. KENNEDY BLVD. TAMPA, FL 33609	Name: Frank Greco Esquire Street Address (P.O. Box Number is Not Acceptable): 1715 N Westshore Blvd Suite 750 City: TAMPA FL Zip Code: 33607

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: Frank Greco, Esquire Frank Greco, Esq. 5/23/03
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner Anthony Mariscalco 2810 W ST Isabel St, #201 Tampa, FL 33607 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Anthony J. Mariscalco 5/22/03 (813) 290-8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #