

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90005 028 \*\*\*\*\*50.00

**DOCUMENT # L02000012803**

1. Entity Name

**RAUL E. TAMAYO, P.L.**



Principal Place of Business

450 CENTRAL PARKWAY WEST, SUITE 1000  
ALTAMONTE SPRINGS FL 32714

Mailing Address

450 CENTRAL PARKWAY WEST, SUITE 1000  
ALTAMONTE SPRINGS FL 32714

JUN 10 2003

2. Principal Place of Business

280 Wekiva Springs Rd.  
Suite 106  
Longwood, FL  
32779 Seminole

3. Mailing Address

280 Wekiva Springs Rd.  
Suite 106  
Longwood, FL  
32779 Seminole



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3679974

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAMAYO, RAUL E  
450 CENTRAL PARKWAY WEST, SUITE 1000  
ALTAMONTE SPRINGS FL 32714

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-03

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TAMAYO, RAUL E M.D.  
STREET ADDRESS 450 CENTRAL PARKWAY WEST, SUITE 1000  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  
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TITLE  
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 280 Wekiva Springs Rd. Suite 106  
CITY-ST-ZIP Longwood FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

*[Signature]*

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

4-2-03 (407) 788-2273

Date

Daytime Phone

CR2E083 (10/02)