

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

04-28-2003 90999 049 *****50.00

DOCUMENT # L02000013285

1. Entity Name
M.C. GREEN RESTORATIONS, LLC



Principal Place of Business
**720 E FLETCHER AVE. STE. 110
TAMPA, FL 33612**

Mailing Address
**720 E FLETCHER AVE. STE. 110
TAMPA, FL 33612**

44001830



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

75-3062402

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONTER, C. MICHAEL ESQ
720 E FLETCHER AVE. STE. 110
TAMPA, FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

A. 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 substituting)

DATE

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
C Michael Conter
25035 Acorn Dr
Land O'Lakes FL 33612**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

C Michael Conter Member 4/24/03 813-538-0911

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

Date

Daytime Phone #

CFR2083 (10/02)

Attachment
M.C. GREEN RESTORATIONS, LLC
720 E. FLETCHER AVE., SUITE 110
TAMPA, FL 33612
(813) 558-0911 Fax (813) 558-8922

44001830

May 14, 2003

Attn: Annual Reports Section
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

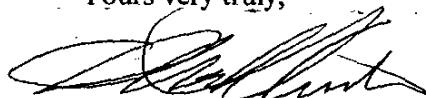
Re: M.C. Green Restorations, LLC
Reference No. L02000013285

Gentlemen:

We are herewith returning to you for filing the Annual Report in which we have inserted my name as managing member per your letter dated May 7, 2003.

Also enclosed is a copy of the said letter of May 7, 2003 from you department for references purposes. It is my understanding from reading the letter that this should complete the matter. If, however, there is anything else which is needed, please contact me.

Yours very truly,



C. Michael Conter

L0514031
CMC/kc
Enclosures