

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90031 026 \*\*\*\*55.00

0076477

**DOCUMENT # L02000013404**

1. Entity Name

VICTORIA GARDENS, LLC



Principal Place of Business

9625 ALONSO ROAD  
RIVERVIEW FL 33569

Mailing Address

9625 ALONSO ROAD  
RIVERVIEW FL 33569

2. Principal Place of Business

9625 West Kearney Way

3. Mailing Address

9625 West Kearney Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Riverview, FL

Zip

33569

Country

US

Zip

33569

Country

US

4. FEI Number

04-3695432

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

KEARNEY, BING  
9625 ALONSO ROAD  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name SAME

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

9625 West Kearney Way

City Riverview

FL

Zip Code

33569

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Kearney, Bing	9625 West Kearney Way	Riverview, FL 33569		
MGR	Kearney, Bryan	9625 West Kearney Way	Riverview, FL 33569		
MGR	Kearney, Barry	9625 West Kearney Way	Riverview, FL 33569		

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

4/8/03 813(621-0855)

Date

Daytime Phone #

CR2E083 (10/02)