2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	IMENT # LO20000 L Utility Building System					2003		LED) PH 3:	: 21
Principal Plac	ce of Business	Mailing Address		_	7				
2201 CANTU COURT. SUITE 202 SARASOTA FL 34232		2201 CANTU COURT. SUITE 202 SARASOTA FL 34232		·	DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nun	nber		<u> </u>	pplied For ot Applicable	
Zip ,	Country	Zip	Countr	ry	5. Certifica	ate of Status Desired	×	\$5.00 Ad	Iditional
,	6. Name and Address of Current R	egistered Agent			7. Name a	and Address of New	Registered	•	
MCDEVITT, WILLIAM J				Name					
220	1 CANTU COURT, SUITE 202 RASOTA FL 34232			Street Addres	t Address (P.O. Box Number is Not Acceptable)				
			.	City				- Zin Cod	
8. The above named entity submits this statement for the purpose of changing its registe				•	stered agent, or I	both, in the State of F	FL florida. I am	-	
the obligat	tions of registered agent.		•	*	-			,	W
SIGNATURE .									
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	: Registered /	Agent signature requi	ired when reinstating)	T	DATE		
FILE NOW!!!									
Make Check Payable Due				rida Departm y 1, 2003	nent of State				
9.	S/MANAGERS	10.	10. ADDITIONS/			3/CHANGES	}		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME CTREET ADDRESSE	MCDEVITT, WILLIAM J					رسان رسان این ایسان رسان رسان			
STREET ADDRESS CITY-ST-ZIP	2201 CANTU COURT, SUITE 202 SARASOTA FL 34232	<u></u>	CITY-S	T ADDRESS ST-ZIP	02/20	000128 0/0301054-		37 **55.00	
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			= CITY-S						-
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME		E 5000	NAME					☐ change	L.J. Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u> </u>	<u> </u>	CITY-S	iT-ZIP					
TITLE		☐ Delete	TITLE				-	☐ Change	☐ Addition
NAME CIRCET ADDRESS	·		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	TADDRESS T-ZIP					
TITLE		Delete	TITLE						- Addition
NAME		L Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	T-ZIP					
TITLE NAME		☐ Delete	TITLE					☐ Change	☐ Addition
MARAIC			NAME						

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 theree giver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE