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FILED
Jun 17, 2003 8:00 am
Secretary of State

05-05-2003 90690 032 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

[redacted]

DOCUMENT # L02000013929

1. Entity Name
MAJARO MANAGEMENT, LLC

44004634

Principal Place of Business	Mailing Address
5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624	5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4642 PINE GREEN TRAIL	PO BOX 26183
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: SARASOTA FLORIDA	City & State: TAMPA, FLORIDA
Zip: 34241 Country: U.S.A.	Zip: 33623-6183 Country: U.S.A.

4. FEI Number: 38-3676313 ☐ 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
SANKO, JASON 5418 DEERBROOKE CREEK CIRCLE, UNIT 15 TAMPA, FL 33624	Name: SANKO, JASON Street Address (P.O. Box Number is Not Acceptable): 4642 PINE GREEN TRAIL City: SARASOTA FL Zip Code: 34241

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 ______ 4/30/03
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	~~CEO / 4642 PINE GREEN TRAIL / SARASOTA, FL / 34241~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO / JASON SANKO / 4642 PINE GREEN TRAIL / SARASOTA, FL 34241 ☐ 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: ______ 4/30/03 813-368-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #