

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

01-24-2003 90250 047 ****50.00

DOCUMENT # L02000014591

1. Entity Name

LEMON AVENUE, L.L.C.



Principal Place of Business

22 NORTH LEMON AVENUE
SARASOTA FL 34238

Mailing Address

22 NORTH LEMON AVENUE
SARASOTA FL 34238

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

43-1963934

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, MICHAEL J
426 PARTRIDGE CIRCLE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

STEVE ELLIS

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

755 S. Palm Ave #102

City

Sarasota

FL

Zip Code
34236

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

1/18/03

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
Steve Ellis CEO
755 S. Palm Ave
Sarasota, FL. 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tim Watanabe president
150 MORANSSIDE DRIVE
SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Steve Ellis
755 S. Palm Ave
Sarasota, FL. 34236 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
president
Tim Watanabe
22 N. Lemon Ave
Sarasota, FL. 34236 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

1/18/03 941 3656581

Date

Daytime Phone #

CR2E063 (10/02)