

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90433 021 ****50.00

DOCUMENT # L02000014787

1. Entity Name
EASTSIDE UPSIDE, LLC



Principal Place of Business

**801 802 11TH STREET W
BRADENTON, FL 34205 -7734**

Mailing Address

**801 802 11TH STREET W
BRADENTON, FL 34205 -7734**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0627370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

801 *Held + Johnson P.A.*
BLALOCK, LANDERS, WALTERS & JOGLER, P.A.
**802 11TH STREET WEST
BRADENTON, FL 34205 -7734**
*(same law firm - name change with
new partners) 8/2004*

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SEIDER, HOWARD
5904 RIVER VIEW LANE
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FOGARTY, EUGENE
611 PARK DR
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Eugene H. Fogarty*

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

3-15-05

Date

Daytime Phone #

941-746-3805