2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015178

1. Entity Name



FILED Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90250 043 ****50.00

| 9030 S8TH DHIVE E, LLC | | | | | | | |
|---|--|---|--|---|--|-------------------------------|--|
| | | Mailing Address 10204 SILVERADO CIRCLE BRADENTON FL 34202 | : | | | | |
| | | | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | 1 10001001 611 00110 11001 | 78 11 88 11 88 11 8818 11 6 2 818 | | |
| Suite, Apt. #, etc. Suite, Apt. #Atc./A | | | H | CHECK | CHECK HERE IF MAKING CHANGES | | |
| City & Stat | e | City & State | | 4. FEI Number 04_369355 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Di | esired | Additional equired | |
| | 6. Name and Address of Current R | egistered Agent | | - 7. Name and Address o | f New Registered Agent | | |
| GRE | EENE, ROBERT F ESQ | | Name | | | | |
| 1301 SIXTH AVENUE W., SUITE 400 BRADENTON FL 34205 | | | Street Addres | Street Address (P.O. Box Number is Na Acreptaty | | | |
| DNA | IDENTON FL 34203 | | | | | | |
| | | | City | | FL Z | p Code | |
| 8. The above | named entity submits this statement for tions of registered agent. | the purpose of changing its | s registered office or regis | stered agent, or both, in the Sta | te of Florida. I am familiar | with, and accept | |
| | N / D | + | • | | | ľ | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age | | | | uired when reinstating) | DATE | | |
| FILE NOW!!! FEI | | | | • | | | |
| | | - | ile to Florida Departr e By May 1, 2003 | ment of State | | . [| |
| 9. | MANAGING MEMBER | | 10. | ADDI | TIONS/CHANGES | | |
| TITLE | MANAGON OWNER | ☐ Delete | TITLE | | Ch | nange | |
| STREET ADDRESS 10204 SILVERADO, CIRCUS STRE | | | NAME Street Address | | | . 5 | |
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| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | Ì | |
| | certify that the information supplied with the | nis filing does not qualify fo | | Section 119.07(3)(i), Florida St | atutes. I further certify that | the information | |

indicated in 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.

941-360-8575