

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90002 039 *****55.00

DOCUMENT # L02000015602

1. Entity Name

C.E.R.T.A.L.I.A, LLC



Principal Place of Business

**6756 OSTEEN RD
NEW PORT RICHEY FL 34653
US**

Mailing Address

**6756 OSTEEN RD
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business

6756 OSTEEN RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

NEW PORT RICHEY

Zip

34653

County

PASCO

Zip

34653

County

PASCO

4. FEI Number

01-0719008

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

**CLAFFEY, ROBERT T
6756 OSTEEN RD
NEW PORT RICHEY FL 34653**

Name

ROBERT CLAFFEY

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

6756 OSTEEN RD

City

NEW PORT RICHEY

FL

Zip Code

34653

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 constituting)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CLAFFEY, ROBERT T	
STREET ADDRESS	6756 OSTEEN	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	HODGE, BRIAN K	
STREET ADDRESS	11204 TYLER DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

ROBERT CLAFFEY PRES

9-24-03

727-844-7234

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

Date

Daytime Phone #

CR2E083 (4/03)