

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90040 046 ****50.00

20050655



04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0627581
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L02000015711

1. Entity Name
PODS OF SARASOTA, L.L.C.



Principal Place of Business
1401 MANATEE AVE W, STE 510
BRADENTON, FL 34205
Mailing Address
1401 MANATEE AVE W, STE 510
BRADENTON, FL 34205

2. Principal Place of Business
1401 Manatee Ave W
Suite, Apt. #, etc.
Suite 500
City & State
Bradenton FL
Zip
34205 Country
USA
3. Mailing Address
1401 Manatee Ave W
Suite, Apt. #, etc.
Suite 500
City & State
Bradenton FL
Zip
34205 Country
USA

6. Name and Address of Current Registered Agent
BARNEBY, MARK B ESQUIRE
1301 6TH AVE W
STE 401
BRADENTON, FL 34205

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VINING, C. TIMOTHY 1401 MANATEE AVE W, STE 510 BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date: 4-26-05 (941) 708-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #