2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Feb 20, 2003 8:00 am DOCUMENT # L02000016358 Secretary of State 1. Entity Name 02-20-2003 90020 002 ****50.00 POINSETTIA PLAZA, L.C. Principal Place of Business Mailing Address 8808 BAY POINT DRIVE. UNIT B208 8808 BAY POINT DRIVE. UNIT B208 TAMPA FL 33615 **TAMPA FL 33615** 2. Principal Place of Busin 3. Mailing Address ଷସଠଷ Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Blos City & State City & State 4. FEI Number Applied For OR. Da 043701512 Not Applicable Zip 5. Certificate of Status Desired \$5.00 Additional 45 A Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name O'CONNOR & ASSOCIATES AMILLE MANGaKiS 2240 BELLEAIR ROAD, SUITE 160 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33764** Zip <u>C</u>ode 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. Director ADDITIONS/CHANGES Delete TITLE NAME Albert V. PICCOLO ☐ Change ☐ Addition NAME 4213 WINDING WILLOW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Charles Vissicchio NAME ☐ Change ☐ Addition NAME STREET ADDRESS 88 15 Bay POINTE DR STREET ADDRESS CITY-ST-ZIP tampe F1 83615 CITY-ST-ZIP TITLE Director ☐ Delete TITLE ☐ Change NAME Addition MichAel Levy NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RUSSEll LEVY TITLE ☐ Delete Secretary NAME Change ☐ Addition 240-67 42 AVE STREET ADDRESS STREET ADDRESS Douglaston NY 11363 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Amille MANGAKIS NAME ☐ Addition NAME 8808 Bay POINTE DR #8208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

FILED

We wish to keep our limited Lublity Congretion.

Senthough 2 members wish to BE DELETED AND

There is No Business At This Time, it may Materialize

This year so The REMAINING MEMBER Will Hold

ON TO LLC AS FOLLOWS: Michael Levy (55 084-46-8719)

25% Russell Levy (554083-64-1374)

50% Camille Mangakis (55#113-32-6561)

ENCLOSED is our \$50 File Fee

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30087299 # LO2000016388

Thonk you

Comière Monzohis

(813) 249-1899