2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L02000017992

1. Entity Name

C2FS-DUNEDIN LLC

Principal Place of Business



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90057 001 ****50.00

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11300 FOURTH STREET NORTH STE. 200 ST PETERSBURG FL 33716			11300 FOURTH STREET NORTH STE. 200 ST PETERSBURG FL 33716			20019950				
2. Principal P	lace of Busin	· ness	3. Mailing Address							
2. Principal Place of Business			w. Maining Addition			1 (88148)	H BH DBHD HUN DUNK DI	HARI MURIN BUNDA NA	<u> </u>	1888 ANDI NEBI
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State		4.	4. FEI Number 56–2284934			<u> </u>	oplied For ot Applicable
Zip		Country	Zíp	Country	5.	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent	7. Name and Address of New			d Address of New	Registered Agent		
CHADWICK, JAMES M					Name					
1130	O FOURTH	STREET NORTH STE. RG FL 33716	200	Stree	Street Address (P.O. Box Number is Not Acceptable)					
		(6 55) 15		. [(
				City				FL	Zip Cod	e
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.										
CICANATI IDC										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsta								DATE		
FILE NOW!!! FEE IS \$50.00										
Make Check Payable to Florida Department of State									ĺ	
				By May 1, 2	003					
9. MANAGING MEMBEI						ADDITIONS	S/CHANGES			
TITLE NAME	:		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS				STREET ADDRE		M. Steven Sembler 11300 4th St. N., Suite 200 St. Petersburg, FL 33716				
CITY-ST-ZIP				CITY-ST-ZIP	St. Pe					
TITLE			TITLE	MGRM				☐ Change	Addition	
NAME		NAM			James M. Chadwick					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE			t. N., Sui			ļ
TITLE			☐ Delete	BTLE	MGRM	tersb	urg, FL 33	716	☐ Change	Addition
NAME			L_I Delete	NAME	Robert	* ਸਾਹਿਨਨ	#450 <i>6</i> 7 %			LA AUUILIUII
STREET ADDRESS				STREET ADDRE			t. N., Sui	+ <u>a</u> 200		
CITY-ST-ZIP				CITY-ST-ZIP	St. Pe	tersb	urg FL 33	716		
TITLE			☐ Delete	TITLE	MGRM		-0,		Change	Addition
NAME STREET ADOPTED				NAME CERET ABORE	Harry	R. Cha	adwick			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRE	° 11300 St. Pe	4th Stersb	t. N., Sui urg, FL 33	te 200 716		
TITLE			☐ Delete	TITLE	70. 10	OCT DO	<u> </u>	110	☐ Change	Addition
NAME			— ··	NAME	1					
STREET ADDRESS				STREET ADDRE	s					1
CITY-ST-ZIP				CITY-ST-ZIP	ļ					Į.

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

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

TE COMMEN SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone #

☐ Change

Addition