

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90014 022 ****50.00

DOCUMENT # L02000018142



1. Entity Name
TAPP - TEL, LLC

Principal Place of Business
**312 EAST CANAL
MULBERRY FL 33860**

Mailing Address
**312 EAST CANAL
MULBERRY FL 33860**

00000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
102 NE 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
102 NE 1st Ave
Suite, Apt. #, etc.

City & State
Mulberry FL
Zip
33860
Country
USA

City & State
Mulberry FL
Zip
33860
Country
USA

4. FEI Number
02-0632794
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WORKMAN, MICHAEL E
500 SOUTH FLORIDA AVENUE, SUITE 800
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name
Gregory Tapp
Street Address (P.O. Box Number is Not Acceptable)
102 NE 1st Ave
City
Mulberry FL Zip Code
33860

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 reinstating)

DATE

4-7-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
Sole member
NAME
Gregory Tapp
STREET ADDRESS
102 NE 1st Ave
CITY-ST-ZIP
Mulberry FL 33860
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4-7-03

CR2E083 (10/02)