

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90012 011 \*\*\*\*50.00

**DOCUMENT # L02000018806**

1. Entity Name  
**FM ENTERPRISES LLC**



Principal Place of Business

**15123 NATUREWALK DR  
TAMPA FL 33624  
US**

Mailing Address

**15123 NATUREWALK DR  
TAMPA FL 33624  
US**

2. Principal Place of Business

**4435-A GUNN HWY.**

Suite, Apt. #, etc.

3. Mailing Address

**15123 NATUREWALK DR.**

Suite, Apt. #, etc.

City & State

**TAMPA, FL.**

City & State

**TAMPA, FL.**

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

4. FEI Number

**37-1437918**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARINO, FRANK J JR.  
15123 NATUREWALK DR  
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>MGR</b>				
	<b>MELINDA MARINO</b>				
	<b>15123 NATUREWALK DR.</b>				
	<b>TAMPA, FL 33624</b>				

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:

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

**3-3-03**

Date

**813-961-9096**

Daytime Phone #

CR2E083 (10/02)