

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90051 032 ****50.00

DOCUMENT # L02000019659

1. Entity Name

QUICK LEE GONE, LLC



Principal Place of Business

**14390 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address

**14390 CARLSON CIRCLE
TAMPA FL 33626**

2. Principal Place of Business

3. Mailing Address

1611 W. PLATT ST

1611 W. PLATT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

75-3075494

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

KEITH W. KOEHLER

Street Address (P.O. Box Number is Not Acceptable)

KOEHLER & COMPANY

1611 W. PLATT ST.

City

TAMPA

FL

Zip Code

33606

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

LIDAN BEKHOR

2-19-03

813-3344344

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

Date

Daytime Phone #

CR2E083 (10/02)