

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-07-2003 90012 017 ****50.00

DOCUMENT # L02000021149

1. Entity Name

DOCUMENT MANAGEMENT CONSULTANTS, LLC



Principal Place of Business

**406 LONDONDERRY DRIVE
SARASOTA FL 34240
US**

Mailing Address

**406 LONDONDERRY DRIVE
SARASOTA FL 34240
US**

2. Principal Place of Business

11801 OLD HILLSBOROUGH AVE E.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFFNER, FL.

City & State

SEFFNER, FL.

Zip

33584

Country

HILLSBOROUGH

Zip

33584

Country

FL

6. Name and Address of Current Registered Agent

LOPEZ, OSWALD F.

**406 LONDONDERRY DRIVE
SARASOTA FL 34240**

**11801 OLD HILLSBOROUGH
AVENUE EAST
SEFFNER, FL. 33584**

4. FEI Number

05-0527184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

OSWALD F. LOPEZ

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

11801 OLD HILLSBOROUGH AVE E.

City

SEFFNER

FL

Zip Code

33584

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

David Lopez
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM- VICE PRES.** ☐ Delete
NAME **LOPEZ, OSWALD F**
STREET ADDRESS **406 LONDONDERRY DRIVE**
CITY-ST-ZIP **SARASOTA FL 34240 ABOVE**

TITLE **PRESIDENT** ☐ Delete
NAME **MARCIA N. LOPEZ**
STREET ADDRESS **11801 OLD HILLSBOROUGH AVE E.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **VICE PRES. SEC-TREA** ☒ Delete
NAME **JENNIFER L. BENNETT**
STREET ADDRESS **5376 WILLOW LINKS**
CITY-ST-ZIP **SARASOTA, FL. 34234**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

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

REQUIRED

3-3-03 913 493-0202

Date

Daytime Phone #

CR2E083 (10/02)