

01-06-2003 90130 026 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021436

1. Entity Name
ROBERT GARGANO, LLC



55014752

Principal Place of Business
1271 ISABEL DRIVE
SANIBEL, FL 33957

Mailing Address
1271 ISABEL DRIVE
SANIBEL, FL 33957

2. Principal Place of Business
1271 Isabel Drive
Suite, Apt. #, etc.

3. Mailing Address
1271 Isabel Dr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SANibel
Zip
33957

City & State
SANibel
Zip
33957

4. FEI Number
05-0548142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARGANO, THERESA MARIE
1271 ISABEL DRIVE
SANIBEL, FL 33957

Name
Theresa Marie Gargano
Street Address (P.O. Box Number is Not Applicable)
1271 Isabel

City SANibel FL Zip Code 33957

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 Theresa Marie Gargano

DATE 2-11-03

FILE NOW!!! FEE IS \$50.00

PLEASE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Robert Gargano
STREET ADDRESS 1271 Isabel Dr.
CITY-STATE-ZIP SANibel, FL 33957

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CITY-STATE-ZIP

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CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE NAME
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 605, Florida Statutes.

SIGNATURE: Theresa Marie Gargano

DATE 1-5-03

139-395-3089

SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date

Corporate Phone