2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023298

1. Entity Name

CHECEV DEALTY DI



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90017 001 ****50.00

SUSSEN	NEALIT, FL							
Principal Place of Business PO BOX 3319 SARASOTA FL 34230		Mailing Address PO BOX 3319 SARASOTA FL 34230	PO BOX 3319					
1 Principal D	Name of Puninger	2 Adulting Address						
2. Principal Place of Business		3. Mailing Address		!!!!		OORIN OONIE RIEEFO REIKO HEDIO	IDIDI IBII IDDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Nu	6-929	3 / C) / .	Applied For Not Applicable]
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	□ \$5.00 Ac		
	6. Name and Address of Currer	nt Registered Agent		7. Name	and Address of New R	egistered Agent		1
COF	RPORATE CREATIONS NETWOR	Name	- Name					
941	FOURTH STREET MI BEACH FL 33139		Street Address (P.O. Box Number is Not Acceptable)					
*****	<u>52</u> (6) ()							
			City			FL Zip Co	de	
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or regis	stered agent, or	both, in the State of Flo	rida. 1 am familiar with	, and accept	1
SIGNATURE	Heri 171					3-17-03		ļ
SIGNATURE	Signature, typed of printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating))	DATE	,	-
		Make Check Payat	IOW!!! FEE IS \$50.0 ble to Florida Departr ue By May 1, 2003					}
9.	MANAGING MEME		10.	•••	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCARTHY, MICHAEL PO BOC 3319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	(00) (40)
TITLE	SARASOTA FL 34230	□ Delete	TITLE			☐ Change	☐ Addition	Š
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11. I hereby c	ertify that the information supplied wi	th this filing does not qualify for	or the exemption stated in	Section 119.070	(3)(i), Florida Statutes 1	further certify that the i	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.

(941)312-07 40