

L02000023754

0019853

DOCUMENT # **L02000023754**

1. Entity Name  
**SARASOTA NEON AND SIGN LLC**



**FILED**  
**03. OCT 21 AM 8:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1674 COTTONWOOD TRAIL**  
**SARASOTA FL 34232**

Mailing Address  
**1674 COTTONWOOD TRAIL**  
**SARASOTA FL 34232**

2. Principal Place of Business  
**4517 BEE RIDGE RD.**

3. Mailing Address  
**1674 COTTONWOOD TR.**

City & State  
**SARASOTA, FL.**

City & State  
**SARASOTA, FL 34232**

Zip  
**34233**

Country  
**USA**

Zip  
**34233**

Country  
**USA**

4. FEI Number  
**76-0713730**

Applied For  
☐ Not Applicable

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



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GOULET, JAY**  
**1674 COTTONWOOD TRAIL**  
**SARASOTA FL 34232**

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]* **VASON GOULET** **10-8-03**

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 September 24, 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>CEO</b>	<b>ROXAN GOULET</b>	<b>1674 COTTONWOOD TRAIL.</b>	
			<b>SARASOTA, FL 34232</b>	

**000023972970**  
**10/21/03--01081--012 \*\*155.00**

**DECLARATION** *[Signature]* **03-03**

☐ 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: *[Signature]* **10-8-03** **(941)378-0500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)