

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-19-2003 90070 022 ****50.00

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DOCUMENT # L02000024518

1. Entity Name
KATZEN, LLC



44003000

Principal Place of Business
12356 WITHERIDGE DR.
TAMPA FL 33624
US

Mailing Address
12356 WITHERIDGE DR.
TAMPA FL 33624
US

2. Principal Place of Business
611 S. Fort Harrison
Suite, Apt. #, etc.
140

3. Mailing Address
611 S. Fort Harrison
Suite, Apt. #, etc.
140

City & State
Clearwater FL
Zip
33756 Country
Pinellas

City & State
Clearwater FL
Zip
33756 Country
Pinellas

4. FEI Number
02 0643420 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
DODGE, ADRIANA
12356 WITHERIDGE DR.
TAMPA FL 33624
President

7. Name and Address of New Registered Agent
Name
Adriana Dodge
Street Address (P.O. Box Number is Not Acceptable)
611 S. Fort Harrison Suite 140
City
Clearwater FL Zip Code
33756

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 _____ (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 | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Adriana Dodge Date: May 1, 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)