FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90752 013 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

JUU34000

DOCUMENT # L02000024773

1. Entity Name
CLOSET DEPOT OF TAMPA BAY, L.L.C.

Principal Place of Business	Mailing Address
1002 LAND O'LAKES BLVD. LUTZ, FL 33549-2901	1002 LAND O'LAKES BLVD. LUTZ, FL 33549-2901

2. Principal Place of Business	3. Mailing Address
2336 CAMP INDIAN HEAD RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O'Lakes, FL	City & State
Zip: 34639 Country: Pasco	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 43-1977470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD. TAMPA, FL 33614	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER GARY YODICE 2336 CAMP INDIAN HEAD RD LAND O'LAKES FL 34639 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: _____ 4/9/03 813-949-8986
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #