

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

05-13-2003 90013 024 ****50.00

DOCUMENT # L02000026385

1. Entity Name

CONDOMINIUM RENOVATIONS COMPANY, LLC



Principal Place of Business

**4185 SHADY OAKS COURT
SARASOTA FL 34233**

Mailing Address

**4185 SHADY OAKS COURT
SARASOTA FL 34233**

2. Principal Place of Business

351 INTERSTATE CT

3. Mailing Address

351 INTERSTATE CT

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

Country

34240 USA

Zip

Country

34240 USA

4. FEI Number

01-0746367

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

7. Name and Address of New Registered Agent

**TESAR, RICHARD S
4185 SHADY OAKS COURT
SARASOTA FL 34233**

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, 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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **TESAR, RICHARD S.**
CITY-ST-ZIP **4185 SHADY OAKS CT.
SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MANAGING MEMBER**
STREET ADDRESS **LEE THAXTON**
CITY-ST-ZIP **2909 SEASONS BLVD
SARASOTA FL 34240**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MANAGING MEMBER**
STREET ADDRESS **MICHAEL F. HAINE S**
CITY-ST-ZIP **4054 LANCASTER
SARASOTA, FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-10-03 924-1488

(941)

CR2E083 (10/02)