

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90038 033 \*\*\*\*55.00

DOCUMENT # L02000026848

1. Entity Name

DESIGNED TO MOVE LLC



Principal Place of Business

16350 RUCE B. DOWNS BLVD.  
SUITE 48056  
TAMPA FL 33647  
US

Mailing Address

16057 TAMPA PALMS BLVD. WEST. STE. 218  
TAMPA FL 33647-2001  
US



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

16057 Tampa Palms Blvd West.

3. Mailing Address

Suite, Apt. #, etc.

STE. 218

City & State

Tampa, FL

City & State

SARASOTA

Zip

33647-2001

Country

USA

Zip

Country

4. FEI Number

03-0486355

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GAROFANO, ROBERT  
16057 TAMPA PALMS BLVD. WEST, STE. 218  
TAMPA FL 33647-2001

7. Name and Address of New Registered Agent

Name

GAROFANO, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

5132 Sterling Manor Drive

City

Tampa

FL

Zip Code

33647

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

7-15-03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME Robert Garofano  
STREET ADDRESS 5132 Sterling Manor Drive  
CITY-ST-ZIP TAMPA, FL 33647

TITLE MGRM ☐ Delete  
NAME Yasmeen Hoeffner  
STREET ADDRESS 15701 Bluff Court  
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-15-03

813-  
295-4663

CR2E083 (4/03)