

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90035 005 *****50.00

DOCUMENT # L02000027194

1. Entity Name

HOUSE OF GIGS LLC



Principal Place of Business

**12157 W. LINEBAUGH AVE.
SUITE 121
TAMPA FL 33626
US**

Mailing Address

**12157 W. LINEBAUGH AVE.
SUITE 121
TAMPA FL 33626
US**

2. Principal Place of Business

12157 W. LINEBAUGH AVE

3. Mailing Address

12157 W. Linebaugh Ave.

Suite, Apt. #, etc.

Suite 211

Suite, Apt. #, etc.

Suite 211

City & State

Tampa, FL 33626

City & State

Tampa, FL

Zip

33626

Country

USA

Zip

33626

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0490350

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AVALANCHE GROUP, INC.
12157 W. LINEBAUGH AVE.
SUITE 211
TAMPA FL 33626**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAIT, DUNCAN N P.O. BOX 1714 PINELLAS PARK FL 33780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUTELLE, JONATHAN 12017 MOUNTBATTEN DR TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANDOLPH, DIETER 1304 BRIGADOON DR CLEARWATER FL 33759	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCE, THOMAS 14878 55TH WAY N CLEARWATER FL 33760	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOLAN, JERRY 2660 WINDSONG CIRCLE PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, THOMAS 13113 FENNWAY RIDGE DR RIVERVIEW FL 33569	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

SIGNATURE OF DUNCAN N. TAIT

4/12/03

727-481-3681

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

Date

Daytime Phone #

CR2E083 (10/02)