

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90123 027 \*\*\*\*55.00

**DOCUMENT # L02000027514**

1. Entity Name

**ARDA GROUP L.C.**



Principal Place of Business

**1509 S. SHERIDAN FOREST DRIVE  
TAMPA FL 33629  
US**

Mailing Address

**1509 S. SHERIDAN FOREST DRIVE  
TAMPA FL 33629  
US**

**44002063**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 10424**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

4. FEI Number

**61-1428909**

Applied For

Not Applicable

Zip

Country

Zip

**33629-0424**

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HILL, DANIEL J  
1509 S. SHERIDAN FOREST DRIVE  
TAMPA FL 33629**

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

**4/16/2003**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**OWNER / Principal  
DANIEL J. Hill  
1509 S. Sheridan Forest Dr.  
Tampa FL 33629**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE  
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STREET ADDRESS  
CITY-ST-ZIP**

☐ Delete

**TITLE  
NAME  
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CITY-ST-ZIP**

☐ Change

☐ Addition

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☐ Change

☐ Addition

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☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Change

☐ 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] SIGNATURE REQUIRED**

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

**4/16/2003**

Date

**813-289-7877**

Daytime Phone #

CR2003 (10/02)