

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90213 047 \*\*\*\*50.00

**DOCUMENT # L02000027530**

1. Entity Name  
**SARA BAY HOLDINGS, LLC**



Principal Place of Business  
**4507 BLUE MARLIN DRIVE  
BRADENTON FL 34208**

Mailing Address  
**4507 BLUE MARLIN DRIVE  
BRADENTON FL 34208**

**55006328**



2. Principal Place of Business

**4507 BLUE MARLIN DR**

3. Mailing Address

**4507 BLUE MARLIN DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**BRADENTON, FL**

City & State

**BRADENTON, FL**

4. FEI Number

**54-2080385**

Applied For

Not Applicable

Zip

**34208**

Country

**USA**

Zip

**34208**

Country

**USA**

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PANDELOGLOU, ROY  
4507 BLUE MARLIN DRIVE  
BRADENTON FL 34208**

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 **PRESIDENT** ☐ Delete  
NAME **ROY PANDELOGLOU**  
STREET ADDRESS **4507 BLUE MARLIN DR.**  
CITY-ST-ZIP **BRADENTON, FL 34208**

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

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)(f), 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 #

**01/15/2003 941-750-3837**

CR2E083 (10/02)