

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000028483**

1. Entity Name
**THE NATIONAL TAX AND ESTATE PLANNING LAW GROUP L
L.C.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 AM 11:57

7/24

Principal Place of Business
**15407 SECOND AVENUE NE
SHORELINE WA 98155
US**

Mailing Address
**15407 SECOND AVENUE NE
SHORELINE WA 98155
US**



2. Principal Place of Business
4164 Meridian Street

3. Mailing Address
4164 Meridian Street

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

☐ CHECK HERE IF MAKING CHANGES

City & State
Bellingham WA

City & State
Bellingham WA

4. FEI Number
571136545

Applied For
☐ Not Applicable

Zip **98226** Country **USA**

Zip **98226** Country **USA**

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

6. Name and Address of Current Registered Agent

**PALEVEDA, NICHOLAS A
4014 SAN NICOLAS STREET
TAMPA FL 33619**

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 **July 9, 2003**

\$0.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALEVEDA, NICHOLAS A 15407 SECOND AVENUE NE SHORELINE WA 98155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALEVEDA, NICHOLAS A 4164 Meridian St Suite 100 Bellingham WA 98226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200021522862 07/14/03--01000--011 \$55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **July 9, 2003** DAYTIME PHONE # **348 751-0776**

CR2E083 11/03