

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90016 009 ****50.00

DOCUMENT # L02000028498

1. Entity Name
4 ALBANOS, L.L.C.



Principal Place of Business
~~7506 TILLINGHAST DRIVE~~
~~SARASOTA, FL~~

Mailing Address
~~7506 TILLINGHAST DRIVE~~
~~SARASOTA, FL~~

2. Principal Place of Business

7506 Albert Tillinghast Dr.
Suite, Apt. #, etc.

3. Mailing Address

7506 Albert Tillinghast Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, FL

Zip
34240

Country
USA

City & State

Sarasota, FL

Zip
34240

Country
USA

4. FEI Number

54-2080824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVARY, JOHNSON S JR
C/O DUNLAP & MORAN, P.A.
22 SOUTH LINKS AVENUE, SUITE 300
SARASOTA, FL 34236

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's 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

MGR
ALBANO, PEGGY A
7506 TILLINGHAST DRIVE
SARASOTA, FL 34240

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7506 Albert Tillinghast Drive
Sarasota, FL 34240

TITLE
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☐ Change ☐ Addition

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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:

Peggy A. Albano **PEGGY A. ALBANO**

3/4/03 (941) 3775185

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

Date

Daytime Phone #

CR2E083 (10/02)