

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003 90104 046 \$50.00-\$50.00

DOCUMENT # L02000028584

1. Entity Name

PRIMA CASA, L.L.C.



03 OCT -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

Mailing Address

2166 OAK FOREST LANE
PALM HARBOR FL 34683

2166 OAK FOREST LANE
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

104 ☐ CHECK HERE IF MAKING CHANGES

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DVORAK, JOAN M~~
2166 OAK FOREST LANE
PALM HARBOR FL 34683

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 September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **DVORAK, JOAN M**
STREET ADDRESS **2166 OAK FOREST LANE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10.

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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

Daytime Phone #

9/2/03 727-424-5560

CR2E083 (4/03)