

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90023 047 ****50.00

DOCUMENT # L02000029310

1. Entity Name

MANAGEMENT SERVICES LLC



Principal Place of Business

**210 NESTLEBRANCH DR.
SAFETY HARBOR FL 34695**

Mailing Address

**210 NESTLEBRANCH DR.
SAFETY HARBOR FL 34695**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



SS H

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

297-62-1506

☒ Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FOXHILL, JEAN
132 SHORE DR. PL
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

RAYMOND SUCH

Street Address (P.O. Box Number is Not Acceptable)

210 NESTLEBRANCH DR

City

SAFETY HARBOR

FL

Zip Code

34695

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 **RAYMOND SUCH, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

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 **ROBERT KEANEY**
STREET ADDRESS **210 NESTLEBRANCH DR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **PRESIDENT** ☒ Change ☐ Addition
NAME **RAYMOND SUCH**
STREET ADDRESS **210 NESTLEBRANCH DR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

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

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NAME
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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:

RAYMOND SUCH

1-9-03

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

Date

Daytime Phone #

CR2E083 (10/02)