

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017349

DOCUMENT # L02000030584

1. Entity Name  
SYLVIA, LLC



FILED

03 OCT -6 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
116 TREASURE ISLAND CAUSEWAY  
TREASURE ISLAND FL 33706

Mailing Address  
116 TREASURE ISLAND CAUSEWAY  
TREASURE ISLAND FL 33706

2. Principal Place of Business  
12050 6TH ST. E.  
Suite, Apt. #, etc.

3. Mailing Address  
12050 6TH ST. E.  
Suite, Apt. #, etc.

City & State  
TREASURE ISLAND FL

City & State  
TREASURE ISLAND FL

Zip  
33706

Country  
USA

Zip  
33706

Country  
USA

4. FEI Number ☐ Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
GAYTON, JOSEPH E  
116 TREASURE ISLAND CAUSEWAY  
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent  
Name  
BETH S. GORDON  
Street Address (P.O. Box Number is Not Acceptable)  
12050 6TH ST. E.  
City  
TREASURE ISLAND FL Zip Code  
33706

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 *Beth S. Gordon* (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 NAME STREET ADDRESS CITY-ST-ZIP	MGM PAULA GORDON JONES 12050 6TH ST. E TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM ROBERT D. GORDON 12050 6TH ST. E. TRESURE ISLAND FL 33706	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	800023674908 10/03/03--01070--030 **50.00	
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
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: *Beth S. Gordon* REQUIRED 9-24-03 727-340-8406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)