

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90300 012 \*\*\*\*50.00

**DOCUMENT # L02000030586**

1. Entity Name

**HOFFMAN & KING, P.L.**



Principal Place of Business

**7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

Mailing Address

**7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

2. Principal Place of Business

**1718 Main Street**

3. Mailing Address

**1718 Main Street**

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

**Suite 202**

City & State

**Sarasota, Florida**

City & State

**Sarasota, Florida**

Zip

**34236**

Country

**Sarasota**

Zip

**34236**

Country

**Sarasota**

6. Name and Address of Current Registered Agent

**HOFFMAN, DANIEL A ESQ  
7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

7. Name and Address of New Registered Agent

Name

**Daniel A. Hoffman, Esq.**

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

**1718 Main Street**

**Suite 202**

City

**Sarasota**

**FL**

Zip Code

**34236**

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

(NOTE: Registered Agent Signature required when reinstating)

**2/27/03**

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

**Managing Member  
Mary E. King  
1718 Main Street, Suite 202  
Sarasota, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

**Managing Member  
Daniel A. Hoffman  
1718 Main Street, Suite 202  
Sarasota, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/27/03**

Date

**941/330-2400**

Daytime Phone #

CR2E083 (10/02)