


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

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

07-24-2003 90064 040 ****50.00

DOCUMENT # L02000031352

1. Entity Name
CHECKOUT, LLC



Principal Place of Business Mailing Address
909 10TH STREET SOUTH, #205 **909 10TH STREET SOUTH, #205**
NAPLES FL 34102 **NAPLES FL 34102**

55053505

2. Principal Place of Business 3. Mailing Address
SAME *SAME*

Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State

Zip Country Zip Country

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
SMITH, DENNIS D ESQ.
C/O TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FT. LAUDERDALE FL 33301

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]* DATE **7/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE President	<input type="checkbox"/> Delete
NAME MONTE WEINER	
STREET ADDRESS 909 10th St South # 205	
CITY-ST-ZIP NAPLES FL 34102	
TITLE	<input type="checkbox"/> Delete
NAME JAMES GILLIN	
STREET ADDRESS 909 10th St South # 201	
CITY-ST-ZIP NAPLES FL 34102	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED** DATE **7/22/03** DAYTIME PHONE # **239 949 7669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2ED83 (4/03)