

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90023 022 ****50.00

DOCUMENT # L02000032131

1. Entity Name

220 WEST BRANDON, L.L.C.



Principal Place of Business

1245 COURT STREET, STE. 102
CLEARWATER FL 33756

Mailing Address

1245 COURT STREET, STE. 102
CLEARWATER FL 33756

2. Principal Place of Business

13540 N. Florida Ave

3. Mailing Address

13540 N. Florida Ave

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Tampa Fla

City & State

Tampa Florida

Zip

33613

Country

Hillbom

Zip

33613

Country

Hillbom



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1561328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, STE. 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name Harold R. Kester

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

13540 N. Florida Ave #201

City

Tampa

FL

Zip Code

33613

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
NAME GASSMAN, ALAN S
STREET ADDRESS 1245 COURT STREET, STE. 102
CITY-ST-ZIP CLEARWATER FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager
NAME Harold R. Kester
STREET ADDRESS 13540 N. Florida Ave #201
CITY-ST-ZIP Tampa FL 33613

TITLE
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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 #

CR2E083 (4/03)