

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

DOCUMENT # L02000032514

04-30-2003 90192 031 ****50.00

1. Entity Name

LINDELL-MANATEE, LLC



DO NOT WRITE IN THIS SPACE

30064070

2. Principal Place of Business

3900 W. Kennedy Blvd

Suite, Apt. #, etc.

3. Mailing Address

3900 W. Kennedy Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

82-0577255

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33609

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Michael Lindell, Esquire

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

12276 San Jose Blvd, Suite 126

City

Jacksonville

FL

Zip Code

32223

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Carl W. Lindell, Jr. 3900 W. Kennedy Blvd. Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member Lindell Investments, Inc. 3900 W. Kennedy Blvd. Tampa, FL 33609
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**DO NOT WRITE
IN THIS SPACE**

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 recorder 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 #

428-03 (813) 870-1700

CR2E083B (12/02)