

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

04-IT-2003 90549 015 *****50.00
L02000032802

FILED

03 MAY 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032802

1. Entity Name

United South Model Homes, LLC

2. Principal Place of Business

4153 Arlington Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Same

4. FEI Number

16 - 1644543

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

~~Ross A. Puzzitiello~~

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

~~4153 Arlington Drive~~

City

Palm Harbor, Florida

Zip Code

34684

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
Managing Member
Richard A. Puzzitiello Jr.
18962 Westfield Dr.
Strongsville, Ohio 44149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Ross Puzzitiello
4153 Arlington Dr.
Palm Harbor, Florida 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #