

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

4/1

04-11-2003 90549 007 ****50.00

DOCUMENT # L02000034127

1. Entity Name

SAKI CARILLON, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13907 CARROLLWOOD VILLAGE RUN

Suite, Apt. #, etc.

3. Mailing Address

13014 N. DALE MABRY HWY.

Suite, Apt. #, etc.

SUITE 356

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33624

Country

Zip

33618

Country

4. FEI Number

59-3763542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PRESTON D. COCKEY JR.

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

ONE TAMPA CITY CENTER, STE 2200

City

TAMPA

FL

Zip Code

33601

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 ☒ A.G. RAPPAPORT
NAME MGR
STREET ADDRESS 13907 CARROLLWOOD VILLAGE RUN
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☒ Kim M. SCHWENCKE
NAME MGR
STREET ADDRESS 13014 N. DALE MABRY HWY, STE 356
CITY-ST-ZIP TAMPA, FL 33618

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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 #

4-9-03

813-26A-0899

CR2E083B (12/02)