

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 008 ****50.00

DOCUMENT # L02000035017

1. Entity Name

PHILIP D. TONKS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11640 SANDERLING DR

3. Mailing Address

Suite, Apt. #, etc. (SAME)

City & State

WELLINGTON, FL

City & State

Zip 33414

Country P.B.

Zip

Country

4. FEI Number

90-0066542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PHILIP D TONKS

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

11640 SANDERLING DRIVE

City

WELLINGTON

FL

Zip Code

33414

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
LLC SINGLE MEMBER/
PHILIP D TONKS
11640 SANDERLING DRIVE
WELLINGTON, FL 33414

TITLE
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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 #

4/10/03

CR2E089B (12/02)