

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO3000000380**

1. Entity Name

~~##~~ **Safety Harbor Combined LLC.**



**FILED**

03 MAY -5 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**600018025726**

05/05/03--01122--016 \*\*300.00

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**328 2nd St. S.**

3. Mailing Address

**328 2nd St. S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Safety Harbor FL**

City & State

**Safety Harbor FL**

4. FEI Number

**05-0547673**

Applied For

Not Applicable

Zip

**34695**

Country

**USA**

Zip

**34695**

Country

**USA**

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

**Abrahamson, Lee M**

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

**328 2nd St. S.**

City

**Safety Harbor**

FL

Zip Code

**34695**

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]*

**4-28-03**

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  
**Mgrm  
Lee M Abrahamson  
328 2nd St. S.  
Safety Harbor, FL 34695**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

**4-28-03**

**727**

**727 725 9411**

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

Date

Daytime Phone #

CR2E083B (12/02)