

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

DOCUMENT # L03000000382

1. Entity Name

218 Gulf LLC

FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000018025600
05/05/03--01122--015 **100.00

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2. Principal Place of Business

328 2nd St. S.

Suite, Apt. #, etc.

3. Mailing Address

328 2nd St. S.

Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Safety Harbor FL

4. FEI Number

08-0847677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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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

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 #

CR2E083B (12/02)