

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90059 047 ****50.00

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DOCUMENT # L03000009474 1. Entity Name UMBRELLA, LLC					
Principal Place of Business 16057 TAMPA PALM BLVD. WEST SUITE 229 TAMPA, FL 33647			Mailing Address 16057 TAMPA PALM BLVD. WEST SUITE 229 TAMPA, FL 33647		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4244972	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBINSON, TIMOTHY P 10502 SPRING HILL DR. SPRING HILL, FL 34608			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRm Gale VanderMeade 16057 Tampa Palm Blvd W Ste 229 Tampa FL 33647		
			MGRm Sally VanderMeade 16057 Tampa Palm Blvd W Ste 229 Tampa FL 33647		
			MGRm Steven VanderMeade 16057 Tampa Palm Blvd W Ste 229 Tampa FL 33647		
			MGRm Kenneth VanderMeade 16057 Tampa Palm Blvd W Ste 229 Tampa FL 33647		
			MGRm Cynthia Schaeffer 16057 Tampa Palm Blvd W Ste 229 Tampa FL 33647		
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: Cynthia Schaeffer - Cynthia Schaeffer 4/27/04 352-279-2416 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					