


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90039 030 ****50.00

DOCUMENT # L03000011441 1. Entity Name USS SUBS, LLC			
Principal Place of Business 9908 SAN MATEO WAY PORT RICHEY, FL 34668		Mailing Address 9908 SAN MATEO WAY PORT RICHEY, FL 34668	
2. Principal Place of Business 9454 US Highway 19 N Suite, Apt. #, etc.		3. Mailing Address 9454 US Highway 19 N Suite, Apt. #, etc.	
City & State Port Richey, FL Zip 34668		City & State Port Richey, FL Zip 34668	
4. FEI Number 41-2095633		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 REED, DONALD P 100 SECOND AVENUE SOUTH SUITE 200-S ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	Manager
NAME	CUNAT, DENNIS G <input type="checkbox"/> Delete	NAME	Dennis G Cunat <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9908 SAN MATEO WAY	STREET ADDRESS	9817 San Mateo Way
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	Port Richey, FL 34668
TITLE	<input type="checkbox"/> Delete	TITLE	Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Alecia Mcnair
STREET ADDRESS		STREET ADDRESS	9817 San Mateo Way
CITY-ST-ZIP		CITY-ST-ZIP	Port Richey, FL 34668
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Dennis G Cunat</i>		Date <i>9/1/04</i> Daytime Phone # <i>727-848-4428</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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