

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

FILED

04 MAY -6 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043771

1. Entity Name

UNIVERSAL SALES LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1455 TALLEVAST ROAD

3. Mailing Address

1455 TALLEVAST ROAD

Suite, Apt #, etc.

STE L8319

Suite, Apt #, etc.

STE L8319

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

34243

Country

USA

Zip

34243

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

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

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

000000141867
04/30/04-80029-003 350.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Coddan Secretary Service Limited PO Box 674, Road Town Tortola, British Virgin Islands	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/02)

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:

authorised signatory of MGRM

April 21, 04

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

Date

Daytime Phone #