

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90539 009 ****50.00

DOCUMENT # L03000047205

1. Entity Name
FLORIDA BIZ, LLC



Principal Place of Business

PMB 11
5233 SOUTH HOWARD AVE., #8
TAMPA, FL 33606

Mailing Address

PMB 11
5233 SOUTH HOWARD AVE., #8
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE



03152005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0456243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
401 S. LINCOLN AVENUE
CLEARWATER, FL 33756

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
GREENBERG, KENNETH L
PMB 11, 533 SOUTH HOWARD AVE., #8
TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(f), 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, OR AUTHORIZED REPRESENTATIVE

614
3/15/05 989-2924
Date Daytime Phone #