

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

**FILED**  
**Oct 01, 2004 8:00 am**  
**Secretary of State**

10-01-2004 90029 018 \*\*\*\*50.00

DOCUMENT # *203000055965*

1. Entity Name

*Timothy P. Walsh LLC*



**DO NOT WRITE IN THIS SPACE**

**24086453**

2. Principal Place of Business

*Timothy P. Walsh LLC*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*3209 Royal St.*

Suite, Apt. #, etc.

City & State

*Winter Park FL*

City & State

Zip

*32792*

Country

*USA*

Zip

Country

4. FEI Number

*03-0533226*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Timothy P. Walsh*

Street Address (P.O. Box Number is Not Acceptable)

*3209 Royal St.*

City

*Winter Park*

**FL**

Zip Code

*32792*

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  
*MBR  
Timothy P. Walsh  
3209 Royal St  
Winter Park FL 32792*

TITLE  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Timothy P. Walsh*

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

Date

Daytime Phone #

*9/26/04*

CR2E083B (12/02)