

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

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90106 023 \*\*\*\*\*55.00

DOCUMENT # **L04000089787**

1. Entity Name

**PONGO MITCHELL, SINGLE  
MEMBER LIMITED LIABILITY COMPANY**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**30422 Birdhouse Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**30422 Birdhouse Dr.**

Suite, Apt. #, etc.

City & State

**Wesley Chapel FL**

City & State

**Wesley Chapel, FL**

Zip

**33544**

Country

**Pasco**

Zip

**33544-1300**

Country

**Pasco**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Mitchell, Robert C.**

Street Address (P.O. Box Number is Not Acceptable)  
**30422 Birdhouse Dr.**

City **Wesley Chapel**

**FL**

Zip Code  
**33544-1300**

**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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **Mitchell, Robert C**  
STREET ADDRESS **30422 Birdhouse Dr**  
CITY-ST-ZIP **Wesley Chapel FL 33544-1300**

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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)(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: **Robert C Mitchell, MGR** **2-22-05 813-997-4245**

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

CR2E083B (12/02)