

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90151 006 ****50.00

DOCUMENT # L94000000448

1. Entity Name
NDB/SRQ, L.C.



Principal Place of Business
8323 CYPRESS HOLLOW DR.
SARASOTA, FL 34238

Mailing Address
8323 CYPRESS HOLLOW DR.
SARASOTA, FL 34238

24080695



2. Principal Place of Business

7102 Westmoreland Dr.

3. Mailing Address

7102 Westmoreland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182004 Chg-LLC CR2E083 (10/03)

City & State

Sarasota FL

City & State

Sarasota, FL

4. FEI Number

65-0528061

Applied For

Not Applicable

Zip

34243

Country

Manatee

Zip

34243

Country

Manatee

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEGHMAN, RICHARD B
8323 CYPRESS HOLLOW DR.
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Mauro A. Harto

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

7102 Westmoreland Drive

City

Sarasota

FL

Zip Code

34243

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

Mauro A. Harto

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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WEEGHMAN, RICHARD B	
STREET ADDRESS	8323 CYPRESS HOLLOW DR.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARTO, MAURO A	
STREET ADDRESS	7102 WESTMORLAND DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT W	
STREET ADDRESS	6221 45TH AVENUE DRIVE E	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Nathanson	
STREET ADDRESS	5330 Ashton Court	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mauro A. Harto

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

Date

Daytime Phone #