

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 92181 019 ****50.00

DOCUMENT # L95000000272

1. Entity Name
PACKAGE A, L.C.



Principal Place of Business
**1201 OAKFIELD DRIVE
BRANDON FL 33511**

Mailing Address
**POST OFFICE BOX 1110
BRANDON FL 33509**

44003299



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3308810**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**MCDERMOTT, MICHAEL J ESQ.
791 WEST LUMSDEN ROAD
BRANDON FL 33511**

7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKNIGHT, WILLIAM D 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, KATHRYN A 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, ROBERT G 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, WILLIAM P 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, CHRISTINE E 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, MICHELLE M 805 ARROWHEAD LANE BRANDON FL 33511	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER	☐ Change ☐ Addition

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: X **NOTARIZATION REQUIRED** **4/30/03** **681-4279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (10/02)