

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000886

1. Entity Name
CYOD, L.L.C.

Principal Place of Business
1505 S. TAMiami TRAIL, SUITE 401A
VENICE FL 34292

Mailing Address
1505 S. TAMiami TRAIL, SUITE 401A
VENICE FL 34292-3562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0775146

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESUT, DANIEL S
1505 S. TAMiami TRAIL, SUITE 401A
VENICE FL 34292

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PESUT, DANIEL S
~~1401 QUAIL LAKE DR.~~
~~VENICE FL 34293~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1505 S. TAMiami TRAIL, SUITE 401 A
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PESUT, SHARON A
~~1401 QUAIL LAKE DR.~~
~~VENICE FL 34293~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1505 S. TAMiami TRAIL, SUITE 401 A
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
HOFFMAN, PAUL
3352 PLANTATION PLACE
SARASOTA FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000003249990--7
-05/12/00--01024--015
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ 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:

SIGNATURE REQUIRED
MANAGING MEMBER
DANIEL S. PESUT

4-24-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 19/991