

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90229 049 ****50.00

DOCUMENT # **L 98000000921**

1. Entity Name

Gandy L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2106 Bispham Rd

Suite, Apt. #, etc.

B

City & State

Sarasota, FL

Zip

34231

Country

USA

3. Mailing Address

2106 Bispham Rd

Suite, Apt. #, etc.

B

City & State

Sarasota, FL

Zip

34231

Country

USA

4. FEI Number

65-0849493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patterson John

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

46 North Washington Blvd

Suite 1

City

Sarasota

FL

Zip Code

34236

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	M SARVIN INC 46 N Washington Blvd #1 Sarasota, FL 34231
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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:

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

Date

Daytime Phone #

CR2E083B (12/01)