2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001332

1. Entity Name

PALRIKO, L.L.C.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90022 038 ****50.00

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Principal Place of Business Mailing Address]					
SUITE 16 635 SOUTH ORANGE AVENUE SARASOTA FL 34236		SUITE 16 635 SOUTH ORANGE AVEN SARASOTA FL 34236	635 SOUTH ORANGE AVENUE			I (BIBT KBINI ABNI BBIK) B	9 171 F8 111 801 1) (1 444 (11 46)	1111 0 11 0 1 1 00 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number	FEI Number 65-0900486			pplied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired				ditional	
	6. Name and Address of Curre	nt Registered Agent	eaistered Agent		7. Name and Address of New Registered Agent					
	o. Hamo and Addition of Carlo	Name								
RICI	HARDSON, ROBERT A	<u> </u>								
	TE 16		Street Address			(P.O. Box Number is Not Acceptable)				
	SOUTH ORANGE AVENUE			•						
	ASOTA FL 34236		.						ļ	
1			- 1	City			C 1	Zip Cod	e	
	/1	Λ					FL			
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 Noistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ODE DATE										
0.0.0.0.0.0	Signature, typed or printed name of higistered ag	ent and title if applicable. (NOTE	Registered	Agent signature required	when reinstating)		DATE	V		
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		Make Check Payabl		,	nt of Cinto				}	
		1		-	nt of State					
		Due	e By Ma	y 1, 2003						
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/C	HANGES			
TITLE	MGR	☐ Delete	TITLE					Change	☐ Addition	
NAME	KOCH, CHARLES E M.D.		NAME	:						
STREET ADDRESS	436 BAYSHORE DRIVE		STREE	T ADDRESS						
CITY-ST-ZIP	VENICE FL 34285		CITY-	ST-ZIP						
TITLE	MGR	☐ Delete	TITLE					Change	Addition	
NAME	RICHARDSON, ROBERT A		NAME					_ "	_ }	
STREET ADDRESS	635 SOUTH ORANGE AVENU	IE SUITE 16	STREE	T ADDRESS						
CITY-ST-ZIP SARASOTA FL 34236		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY-	ST-ZIP						
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11. Thereby o	ertify that the information supplied w	ith this filing does not qualify for	the exen	nption stated in Se	ction 119.07(3)(i), F	lorida Statutes. I fu	irther certif	y that the in	nformation	

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:

941-365-9191