

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 20 AM 9:51

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000002045**

BOREL-SALADIN, L.L.C.
4807 BAYSHORE BOULEVARD
TAMPA FL 33611

1a. Principal Place of Business Address

4807 BAYSHORE BOULEVARD
TAMPA FL 33611

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

09/29/1998

FL

4. FEI Number

65-0871382

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

BOREL-SALADIN, ROBERT
4401 MANGROVE PLACE
SARASOTA FL 34242

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM BOREL-SALADIN, ROBERT

4401 MANGROVE PLACE

SARASOTA FL

100002970271--8
-08/25/99--01094--013
*****38.75 *****38.75

100002970271--8
-08/25/99--01094--014
*****150.00 *****150.00

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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

Date

Daytime Phone #



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July 21, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Registration Section
P.O. B 6327
Tallahassee, Florida 21314

I am returning the 2nd and Final Notice along with a check for \$150.00 (as per my conversation with Mark at your phone number). I hope this will take care of any monies due.

As I explained to Mark on the phone, we never received a first bill. I do now realize that is our obligation to know this money is due whether or not we receive a bill and will note my calender for the future. Thank you for your help in this matter.

Cindy Fredlund