

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002649**

1. Entity Name
KONBIT L.L.C.

Principal Place of Business
**9804 SUCIA CIR.
PARRISH FL 34219**

Mailing Address
**9804 SUCIA CIR.
PARRISH FL 34219**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **4. FEI Number**

Suite, Apt. #, etc. **NOT APPLICABLE**

City & State

City & State **Applied For**

Zip **Not Applicable**

Country

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

FILED

01 MAR - 5 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LARREUR, GUY H
9804 SUCIA CIR.
PARRISH FL 34219**

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**
**MGRM
LARREUR, GUY H
42 N. 7TH ST.
HAINES CITY FL 33844**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**MGRM
LARREUR, GUY H
9804 SUCIA CIR.
PARRISH, FL 34219**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**600003829006 -- 4
-03/08/01--01109--020**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*******55.00 Change Addition**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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

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

2-26-01 776-5528

Date

Daytime Phone #