

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90025 041 ****55.00

DOCUMENT # L99000000151

1. Entity Name
BINGO EXPRESS LLC



Principal Place of Business
1820 SW 21ST TERRACE
CAPE CORAL FL 33991

Mailing Address
1820 SW 21ST TERRACE
CAPE CORAL FL 33991

2. Principal Place of Business
1820 SW 21ST TERR

3. Mailing Address
1820 SW 21ST TERR

Suite, Apt. #, etc.
CAPE CORAL, FLA

Suite, Apt. #, etc.
CAPE CORAL, FLA

City & State

City & State

4. FEI Number 65-0485064

Applied For

Not Applicable

Zip 33991

Country LEE

Zip 33991

Country LEE

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

KREJCI, ZDENKA
1820 SW 21ST TERRACE
CAPE CORAL FL 33991

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME GRBAC, THOMAS A
STREET ADDRESS 1820 S.W. 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KREJCI, BRIAN
STREET ADDRESS 1820 SW 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E083 (10/02)