

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L99/2410

Mitkrnzela, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02

Principal Place of Business

Mailing Address

5003 Shore Crest Circle
Tampa, FL 33609

2. Principal Place of Business

5003 Shore Crest Circle
Suite, Apt. #, etc.

3. Mailing Address

701 N. Westshore Blvd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3574811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

A. Edward McGinty, Esq.
4820 Cypress Tree Drive
Tampa, FL 33621

7. Name and Address of New Registered Agent

Name

Jeffrey A. Darrey

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

5003 Shore Crest Circle

City

Tampa

FL

Zip Code

33609

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

Jeffrey A. Darrey

(NOTE: Registered Agent signature required when reinstating)

10/16/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Jeffrey A. Darrey
5003 Shore Crest Circle
Tampa FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Marin
Sharon A. Darrey
5003 Shore Crest Circle
Tampa FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
800003456068--2
-11/07/00--01117--010
*****50.00 *****50.00

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

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

Jeffrey A. Darrey

Date

10/16/00

Daytime Phone #

813-636-3333

CR2E083 (11/99)