

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002681

1. Entity Name

TARIEL DEVCON, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:40

Principal Place of Business

P.O. BOX 25503

SARASOTA FL 34277

Mailing Address

P.O. BOX 25503

SARASOTA FL 34277-2503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

DO Box 3379

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

4. FEI Number

65-0923596

Applied For

Not Applicable

Zip

Country

Zip

Country

34230 Sarasota

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

FAMIGLIO, GEORGE V

1634 MAIN STREET

SARASOTA FL 34236

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 MGRM ☐ Delete
NAME FINK, LAWRENCE H
STREET ADDRESS P.O. BOX 25503
CITY-ST-ZIP SARASOTA FL 34277

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

TITLE MGRM ☐ Delete
NAME FINK, LANA P
STREET ADDRESS P.O. BOX 25503
CITY-ST-ZIP SARASOTA FL 34277

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

TITLE MGRM ☐ Delete
NAME FINK, ARIEL D
STREET ADDRESS P.O. BOX 25503
CITY-ST-ZIP SARASOTA FL 34277

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

TITLE MGRM ☐ Delete
NAME FINK, TARYN E
STREET ADDRESS P.O. BOX 25503
CITY-ST-ZIP SARASOTA FL 34277

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)