

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM  
Secretary of State

DOCUMENT # L99000002718

1. Entity Name  
LLR OF TAMPA, L.L.C.

Principal Place of Business 10601 HATTERAS DRIVE  TAMPA FL 33615	Mailing Address 10601 HATTERAS DRIVE  TAMPA FL 33615
---	---

2. Principal Place of Business 10601 HATTERAS DRIVE	3. Mailing Address 10601 HATTERAS DRIVE
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State TAMPA FL	City & State TAMPA FL
--------------------------	--------------------------

Zip 33615	Country US	Zip 33615	Country US
--------------	---------------	--------------	---------------

4. FEI Number 59-3572209	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LORA LOETHEN ROBERSON  
10601 HATTERAS DRIVE  
  
TAMPA FL 33615 US

## 7. Name and Address of New Registered Agent

Name  
ROBERSON LORA LMANAGER  
Street Address (P.O. Box Number is Not Acceptable)  
10601 HATTERAS DRIVE  
  
City TAMPA FL Zip Code 33615

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 LORA LOETHEN ROBERSON

04/29/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LORA LOETHEN ROBERSON 10601 HATTERAS DRIVE TAMPA FL 33615	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERSON LORA LMANAGER 10601 HATTERAS DRIVE TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.