

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90031 015 \*\*\*\*55.00

**DOCUMENT # L99000004359**

**1. Entity Name**  
**SUBURBAN HOLDING COMPANY, L.L.C. OF SARASOTA**



**Principal Place of Business**  
**8151 BLAIRE COURT**  
**SARASOTA FL 34240**

**Mailing Address**  
**PO BOX 7995**  
**SARASOTA FL 34278**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0942058**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ERB, SAMUEL S**  
**2129 LINWOOD DRIVE**  
**SARASOTA FL 34232**

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** **MGR** ☐ Delete  
**NAME** **ERB, SAMUEL S**  
**STREET ADDRESS** **2129 LINWOOD DRIVE**  
**CITY-ST-ZIP** **SARASOTA FL 34232**

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

**TITLE** **MGR** ☐ Delete  
**NAME** **ERB, SARA ANN**  
**STREET ADDRESS** **2129 LINWOOD DRIVE**  
**CITY-ST-ZIP** **SARASOTA FL 34232**

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

**TITLE** **MGR** ☐ Delete  
**NAME** **ERB, STACY R**  
**STREET ADDRESS** **4100 TOPSEED DRIVE #101**  
**CITY-ST-ZIP** **VIRGINA BEACH VA 23462**

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

**TITLE** **MGR** ☐ Delete  
**NAME** **ERB, STEPHANIE L**  
**STREET ADDRESS** **5401 BENTGRASS DR., #114**  
**CITY-ST-ZIP** **SARASOTA FL 34235**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**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:** *Stephanie Erb*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date

Daytime Phone #

4-14-03 941-377-7151

CR2E083 (10/02)