

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90025 009 ****50.00

DOCUMENT # L99000005525

1. Entity Name

ODYSSEY ALLIANCE, LLC

Principal Place of Business

**4104 20TH STREET WEST
 BRADENTON FL 34205**

Mailing Address

**4104 20TH STREET WEST
 BRADENTON FL 34205**

2. Principal Place of Business

4104 20th St., W.

3. Mailing Address

4104 20th St., W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Fl. 34205

City & State

Bradenton, Fl. 34205

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WIEAND, ADAM

**4033 CROCKERS LAKE BLVD., #1922
 SARASOTA FL 34238**

7. Name and Address of New Registered Agent

Name **Adam Wieand**

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

3600 Lake Bayshore Drive Apt. 501

Bradenton, Fl. 34205

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **PMGR** ☐ Delete
 NAME **WIEAND, ADAM**
 STREET ADDRESS **4104 20TH STREET WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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 #

3/27/02

CR2E083 (9/01)