

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT

L99000006403

DOCUMENT # L99000006403

1. Entity Name

E-TINIAN, L.L.C.

FILED
02 APR 29 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 Country Club Road

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sanford, Florida

City & State

Same

4. FEI Number

59-3497806

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

N. Dwayne Gray, Jr.

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

Greenspoon, Marder, et. al.

135 W. Central Blvd., Suite 1100

City

Orlando

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

500005368835--B

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gilardi Management Services, LLC 2100 Country Club Road Sanford, Florida 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR John Schlater 615 Copeland Mill Road Westerville, Ohio 43081	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR N. Dwayne Gray, Jr. 135 W. Central Blvd., Suite 1100 Orlando, Florida 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4/26/02 (407) 425-6559

CR2E083B (12/01)

940 00000 PPJ