2003 UNIFORM BUSINESS REPORT (UBR) 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006877

1. Entity Name
J.E. LANNI L.C.

Principal Place of Business	Mailing Address
3827 FOX RIDGE ZEPHYRHILLS FL 33543	3827 FOX RIDGE ZEPHYRHILLS FL 33543

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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
LANNI, JAMES E 3827 FOX RIDGE ZEPHYRHILLS FL 33543	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

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...high profile fires. This was done and is...

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANNI, JAMES E II 3827 FOXRIDGE ZEPHRYHILLS FL 33543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LANNI, KATLYN J 3827 FOXRIDGE ZEPHRYHILLS FL 33543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000107634 04/09/04--80023--010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANNI, JAMES SR. 3827 FOXRIDGE ZEPHRYHILLS FL 33543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: ________ 4/7/4 8137882260
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813 2406422