

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90583 029 ****50.00

DOCUMENT # L99000006978

1. Entity Name

FMA LLC

957572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

202 SOUTH 22ND STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33605

Country

USA

Zip

Country

4. FEI Number

59-3608637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
- Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

J. TIM PRUBAN

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

202 SOUTH 22ND STREET SUITE 210

City

TAMPA

FL

Zip Code

33605

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**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PRUBAN, J. TIM
2413 BAYSHORE BLVD. #602
TAMPA, FL 33629

TITLE
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CITY-ST-ZIP

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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)(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 #

4/29/02 (813) 242-8902

CR2E083B (12/01)