2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007966

1. Entity Name

D'AMORE & ASSOCIATES, LLC



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90035 020 ****50.00

SAMSOTA F. 3422 SARKSOTA F. 3422 2. Principal Piace of Business			,			<u> </u>						
SAMSOTA FL 94022 2. Principal Pade of Business Suria, Act V. etc. Sulfo Apt. #, otc. City & Siste A FEI Number 59-2215345 A FEI Nu	Principal Plac	ce of Business	3	Mailing Address			.					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State A. FEI Number 59-2215345 Applied For Not Applicable	3819 WISTERIA AVE. SARASOTA FL 34232											
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State A. FEI Number 59-2215345 Applied For Not Applicable							1186		18 111		HING ORBI EEOF	
City & State City & State City & State City & State A. FEI Names is 9-2215345 Apollid For Not Applicable Poly Polycome	2. Principal F	Place of Busin	ess	3. Mailing Address			7 1					
South Sout	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Certificate of Sistus Desired Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WCKMAN & WCKOFF, P.A.	City & State			City & State			4. FEI Nu	30 ZE 10040				
WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON FI. 34209 City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Forida. If am familiar with, and accept the collegions of registered algorit, or both, in the State of Forida. If am familiar with, and accept the collegions of registered algorit. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MARK MARK 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 MARK MARK SIRET ADDRESS CITY-ST-2P TITLE MARK SIRET ADDRESS CITY-ST-2P TITLE Change Addition MARK SIRET ADDRESS CITY-ST-2P TITLE CHANGE SIRET ADDRESS C	Zip Country			Zip	Coun	itry	5. Certific	ate of Status Desired				
WICKMAN & WICKOFF, P.A. 4909 MANATER AVENUE WEST BRADENTON FL 34209 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 signature of the Experience. (INCIE Registered Agent agents required when retrosping) DAVE 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. Incit		6. Name	and Address of Curren	t Registered Agent	1		7. Name	and Address of New Re	gistered Ag	jent		
AGRICAN AND TERRA AVENUE WEST BRADENTON FL 34209 City FL Zip Code		uzii ni To iin	VOVOTE DA	سي فيونونون والمسوو لوح	į	Name	n e come e	الماد شرمينيات د مي				
E. 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, hoost or private name of registered agent. PAGE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS THE NAME SIRET ADRESS OTH-51-2P MAP MAP MAP MAP MAP MAP MAP M	4909	9 MANATEE	AVENUE WEST		•	Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	DIV	DENION F	L 04209	•								
SIGNATURE Signature, typoid or printed name of registered agent and title 4 applicable. (NOTE Registered Agent signature required when revolating) DATE						City			FL	Zip Cod	е	
SIGNATURE Signature, typed or printed name of registered agent and 500 if applicable. (NOTE Registered Agent signature required when reinstating) DATE				for the purpose of changing its	registere	ed office or regis	tered agent, or	both, in the State of Flor	ida. I am far	niliar with,	and accept	
Signature, hyped or printed name of registered agent and she if applicative. (NOTE: Registered Agent signature when reinstation) Part	J	J	3									
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR D'AMORE, MONICA 10. AMAE SIRRET ADDRESS 3819 WISTERIA AVE. SIRRET ADDRESS CITY-ST-ZIP TITLE NAME 10. SIRRET ADDRESS CITY-ST-ZIP TITLE 10. Delete 11. TI	SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)	DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR D'AMORE, MONICA 10. AMAE SIRRET ADDRESS 3819 WISTERIA AVE. SIRRET ADDRESS CITY-ST-ZIP TITLE NAME 10. SIRRET ADDRESS CITY-ST-ZIP TITLE 10. Delete 11. TI				FU F AI	CANTILL I		<u> </u>	T				
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MGR D'AMORE, MONICA SIRRET ADDRESS CITY-ST-ZIP ITILE NAME SHEET ADDRESS CITY-ST-ZIP ITILE NAME SIRRET ADDRESS												
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITITE MGR D'AMORE, MONICA SIREET ADDRESS CITY-5T-2IP STREET ADDRESS CITY-5T-2IP TITLE MAME SIREET ADDRESS CITY-ST-2IP TITLE MAME				•		•	ient of State					
TITLE NAME D'AMORE, MONICA 3819 WISTERIA AVE. SITNET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADD						ay 1, 2000						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME S	9.	1400	MANAGING MEMB	ERS/MANAGERS	10.	···		ADDITIONS/0	CHANGES			
STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 STREET ADDRESS CITY-ST-ZIP STREET ADDRE	TITLE			☐ Delete					[Change	Addition	
CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME CHANGE NAME NAME CHANGE NAME NAME						i						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-					1							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	GIT-SI-ZIP	SAHASUI	A FL 34232		ÇIIY	-51-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete	TITLE			☐ Delete			19		[Change	¯ ☐ Addition	
CITY-ST-ZIP TITLE						-						
TITLE												
NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STRE												
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES		İ		L Delete					Ł	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	•	~ ~~~	المعيد المحادد	entropy and the season				energy of the second	:2-u:	* .	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRE		l			4	i						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY			<u> </u>	□ Dolota	-1					T Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME			, Delete		I				Change	☐ Addition	
TITLE 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	STREET ADDRESS					- I						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	CITY-ST-ZIP				CITY	-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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	TITLE			☐ Delete	TITLE				ſ	Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE 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	NAME					- 1			-	_ "		
TITLE 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	STREET ADDRESS				STRE	ET ADDRESS						
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	CITY-ST-ZIP				CITY-	-ST-ZIP						
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	TITLE			☐ Delete	TITLE			4	[Change	☐ Addition	
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	NAME				NAME	:						
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	STREET ADDRESS				STRE	ET ADDRESS						
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	CITY-ST-ZIP				ÇITY-	ST-ZIP						
	indicated	on this report	t is true and accurate and	d that my signature shall have	the same	legal effect as it	made under o	ath: that I am a managir	urther certify	that the in	nformation r of the	