

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90610 025 \*\*\*\*50.00

**DOCUMENT # L99000008206**

1. Entity Name  
**LITTLE PEEPS, L.L.C.**



Principal Place of Business

**1511 S. DALE MABRY  
TAMPA FL 33629**

Mailing Address

**1511 S. DALE MABRY  
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

**2221 S. Dale Mabry**

**2221 S. Dale Mabry**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3617670**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

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

**MORAN, ASHLEY T  
802 SOUTH LAKEVIEW ROAD  
TAMPA FL 33629**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/3/03**

**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 **MGR** ☐ Delete  
NAME **THOMAS, PATTI W**  
STREET ADDRESS **3108 W. BAY VILLA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **mgr.** ☒ Change ☐ Addition  
NAME **Thomas, Patti W**  
STREET ADDRESS **2416 W. Prospect Rd**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **MGR** ☐ Delete  
NAME **THOMAS, CLAY O**  
STREET ADDRESS **3108 W. BAY VILLA AVENUE**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **mgr.** ☒ Change ☐ Addition  
NAME **Thomas, Clay O**  
STREET ADDRESS **2416 W. Prospect Rd**  
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **MGR** ☐ Delete  
NAME **MORAN, ASHLEY T**  
STREET ADDRESS **802 S. LAKEVIEW ROAD**  
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **MGR** ☐ Delete  
NAME **MORAN, KEVIN S**  
STREET ADDRESS **802 S. LAKEVIEW ROAD**  
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**4/3/03**

**(813)250-0044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)