

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016233

DOCUMENT # L99000008633

1. Entity Name
BELL HARBOR, LLC



FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**416 LOCH DEVON DRIVE
LUTZ FL 33548**

Mailing Address

**PO BOX 488
LUTZ FL 33548-0488**

2. Principal Place of Business

10019 Outlaw Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAND O LAKES, FL.

City & State

Zip

34639

Country

USA

Zip

Country

4. FEI Number **65-0966556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMAN, JEFFREY A
14502 N. DALE MABRY HIGHWAY, SUITE 300
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name
Jeffrey M. Lasman, Esq. Lasman Law Firm, P.A.
Street Address (P.O. Box Number is Not Acceptable)
115 Providence Road

City
Brandon

FL

Zip Code
33511

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

500024178845
10/27/03--01120--005 **150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DALFINO, JOHN M
416 LOCH DEVON DR.
LUTZ FL 33549** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STEGE, JOHN T
18814 HANNA RD.
LUTZ FL 33549** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

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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)(l), 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:

JOHN M. DALFINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/6/03 813 927-1185
Date Daytime Phone #

CR2E083 (4/03)