2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008744

1. Entity Name

CERTIFIED RECORDS MANAGEMENT, L.L.C.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90686 038 ****50.00

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TAMPA FL 33805	Principal Place	e of Business		Mailing Address	**	<u></u>						
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Sulte, Apt #. etc. Sulte, Apt #. etc. CHy & State Chy & State Chy & State A. FEI Number 59-3611278 Applied for Invalidation of Current Registered Agent A. FEI Number 59-3611278 Addition Sp. 3611278 Add												
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ZP Country Zp Country \$. Certificate of Status Desired \$5.00 Additional place of Page 10 Additional place of Pag	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent GERRELL WILLIAM E 4300 E. 7TH AVE. TAMPA FL 33805 City FL Zip Code City City City City City City City City	City & State			City & State			4. FEI N	33 30 11210				
Street Address (PO. Box Number is Not Acceptable) City FL Zip Code F	Zip Country			Zip Counti		ntry	5. Certi					
GERRELL WILLIAM E 4300 E. THA AVE. TAMPA FL. 33605 City FL Zip Code City FL Zip Code 6. The above names ently submits finity-attactment/or the purpose of phanging.tis registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of hydrogenical paper. SIGNATURE SIGNATURE Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS TILE MGRIN GERRELL WILLIAM E TAMPA FL. 33605 TILE MORE TAMPA FL. 33605 TILE MARE Delde TILE MARE SIRET ADDRESS CITY-S1-2P TILE CITY-S1-2P TILE SIRET ADDRESS CITY-S1-2P TILE S		6. Name and Addres	s of Current Re	gistered Agent			7. Nam	e and Address of New F	Registered A	gent		
A 300 E 7TH AVE. TAMPA FL 33605 City FL Zip Code City FL Zip Cod	GER	RELL. WILLIAM E		Name								
E. The above names entity submits trits attachment for the purpose of phanging. Its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of service of agent or grow and may sheet alysts any shall accept the obligations of service of agent any shall accept the obligations of service of agent any shall accept the obligations of service of agent any shall accept the obligations of agent any shall accept the obligation of agent any shall accept the obligation and accept the obligation of agent any shall accept the obligation of agent any shall accept the obligation of agent and accept the obligation of agent and accept the obligation of agent and accept the obligation and accept the obligation of agent and accept the obligation of agent accept the obligation of agent accept the obligation of agent accept the obligation and accept the obligation of agent accept the obligation and accept the obligation of agent accept the obligation of agent accept the obligation of agent accept the obligation and accept the obligation of agent accept the obligation and accept the obligation of agent accept the obligation accept the obligation of agent accept the obligation accept the obligation of agent accept the obligation a	4300 E. 7TH AVE.			Street Address			ress (P.O. Box N	(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement of the purpose of ghanging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of organized agent agent. Signature Supture ligator or strong agent agent Supture ligator or strong agent Supture ligator Supture Supture ligator Supture liga			•		٠	City				T Zip Cod	le	
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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		ortify that the information	errorlind with the	a filing does not avail to			in Continu 110.0	7(2)/i) Florida Ctatuta	I fruther ===*	futbattha !	oformation	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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