

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000871

1. Entity Name
DAMIAN ENTERPRISES LLC



FILED

03 JUN 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**THE FINANCIAL CENTER
2701 W. BURCH BLVD., SUITE 107
TAMPA, FL 33618**

Mailing Address
**THE FINANCIAL CENTER
2701 W. BURCH BLVD., SUITE 107
TAMPA, FL 33618**

2. Principal Place of Business
**1603 MAIN ST.
VALRICO, FL.**
City & State

3. Mailing Address
**P.O. Box 11497
TAMPA, FL.**
City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0425634** ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

Zip **33594** Country **USA** Zip **33680** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMEL, MARIA
THE FINANCIAL CENTER
2701 W. BURCH BLVD., SUITE 107
TAMPA, FL 33618**

Name **DAVID SIMMONS**
Street Address (P.O. Box Number is Not Acceptable) **1603 MAIN ST.**
City **VALRICO** FL Zip Code **33594**

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 *David Simmons* (**DAVID SIMMONS**) 9/25/02
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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SIMMONS, DAVID**
STREET ADDRESS **THE FINANCIAL CENTER, 2701 W. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **MGRM** ☒ Delete
NAME **HAMEL, MARIA**
STREET ADDRESS **THE FINANCIAL CENTER, 2701 W. BUSCH BLVD.**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SIMMONS, DAVID**
STREET ADDRESS **1603 MAIN ST.**
CITY-ST-ZIP **VALRICO, FL. 33594**

TITLE **3000211548** ☐ Change ☐ Addition
NAME
STREET ADDRESS **06/26/03--01023--004 **50.00**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 606, Florida Statutes.

SIGNATURE: *David Simmons* (**DAVID SIMMONS**) 9/25/02 (813) 244-6623
Signature and typed or printed name of signing managing member, manager, or authorized representative. Date Daytime Phone #

CR2E083 (10/02)