

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90051 043 ****50.00

DOCUMENT # Z00606

1. Entity Name
MAGNECEL SERVICES, L.C.



Principal Place of Business
**14390 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address
**14390 CARLSON CIRCLE
TAMPA FL 33626**

Z0007337



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

13336 N. Central Ave
Suite, Apt. #, etc.

3. Mailing Address

13336 N. Central Ave
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

4. FEI Number **59-3129180**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L ESQ.
ONE HARBOUR PLACE, 5TH FLOOR
777 HARBOUR ISLAND BOULEVARD
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BEKHOR, DAVID	14390 CARLSON CIRCLE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

DAVID BEKHOR - PROSIDIUM
13336 N. Central Ave
Tampa, FL 33612

1. 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **1/7/2003**
Daytime Phone #: **813-855-7471**

CR2E083 (10/02)