

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90037 001 ****50.00

DOCUMENT # **L 01000009207**

1. Entity Name

7964 GULFSTREAM BLVD., L.L.C.



90104010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7964 GULFSTREAM BLVD

3. Mailing Address
7964 GULFSTREAM BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARATHON, FL

City & State
MARATHON, FL

4. FEI Number
65-1122331

Applied For
Not Applicable

Zip
33050

Country
USA

Zip
33050

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LEWIS, RONALD B.**

Street Address (P.O. Box Number is Not Acceptable)

2000 GLADES ROAD, #306

City **BOCA RATON**

FL

Zip Code
33431

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.

DATE



9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
PLATH, ROBERT V.
7964 GULFSTREAM BLVD.
MARATHON, FL 33050**

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IN THIS SPACE**

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

Date

Daytime Phone #

ROBERT V. PLATH 8/30/03 954 650 3882

CR2E083B (12/02)