

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 12, 2002 8:00 am
Secretary of State

05-06-2002 90130 026 ****50.00

DOCUMENT # L01000017565

1. Entity Name
SONITROL OF FT. LAUDERDALE, LLC

Principal Place of Business 16350 NW 15TH AVE. MIAMI FL 33169	Mailing Address 16350 NW 15TH AVE. MIAMI FL 33169
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92636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-114-98-00	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
PIERCE, ROBERT A
227 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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

Handwritten entries in Section 10:
~~JOHN RAY
595 BAY ISLES RD #200
Longboat Key FL 34228~~
 DOUG SMITH (MEMBER)
595 BAY ISLES RD #200
Longboat Key FL 34228
 JOHN RAY (PRESIDENT)
16350 NW 15th AVE
Miami FL 33169

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: *John Ray, President*
QUALIFIED SIGNATURE REQUIRED

CR2E083 (9/01)