

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023555

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DOCUMENT # L01000021966

1. Entity Name  
12015 LITTLE RD., LLCFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 25 PM 12:19W  
9/29Principal Place of Business  
ONE TOWNE SQUARE, STE. 1913  
SOUTHFIELD MI 48076Mailing Address  
ONE TOWNE SQUARE, STE. 1913  
SOUTHFIELD MI 48076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0017376

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

\$0.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
SELIGMAN FLP, INC  
ONE TOWNE SQUARE STE 1913  
SOUTHFIELD MI 48076TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition  
800023345408  
09/25/03--01097--002 \*\*50.00TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DeleteTITLE  
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CITY-ST-ZIP  
Change  
AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Addition

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:

Scott Seligman, President of Manager

9/24/03

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

Date

Daytime Phone #

CR2E083 (4/03)