## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0200003979

1. Entity Name

KENNEDY & ASSOCIATES, P.L.



**FILED** Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90008 023 \*\*\*\*50.00

Principal Pla	ce of Business	Mailing Address			1				
1675 PALM BEACH LAKES BLVD SUITE 700 WEST PALM BEACH FL 33401		1675 PALM BEACH LAKES SUITE 700	1675 PALM BEACH LAKES BLVD						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1	☐ CHECK HER	E IF MAKING CHA	ANGES	
City & State		City & State	City & State		4. FEI Nur			$\vdash$	pplied For
Zip Country		Zip	Zip Country			ate of Status Desired	<u> </u>	00 Ad	ot Applicable ditional
	6. Name and Address	of Current Registered Agent	<del> </del>	<del>-</del>	7/ Name a	and Address of New		Require	<del></del>
	NEDY, P. TODD		Name	)	1	and Address Of Now	negistered Agent		
	5 PALM BEACH LAKES TE 700	BLVD	Street Address		(P.O. Box Number is Not Acceptable)				
WES	ST PALM BEACH FL 334	401							
P. The above			City		· · ·			ip Cod	
the obligat	named entity submits this s ions of registered agent.	statement for the purpose of changing its	registered office	or registere	ed agent, or i	both, in the State of F	orida. I am familia	r with,	and accept
SIGNATURE .	Signature, typed or printed name of re	egistered agent and title if applicable. (NOTI	E: Registered Agent sign	ature required v	when reinstating)	-	DATE		
-	<u>-</u>				- Tollow, and		DATE		
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		Make Check Payabi	e to Florida Di	epartmen	it of State				ļ
9.			e By May 1, 20	03	1				
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	and the second s		CITY-ST-ZIP						}
indicated o	nuly that the information sup	oplied with this filing does not qualify for t	he exemption sta	ted in Secti	on 119.07(3)	(i), Florida Statutes, I	further certify that	the infe	ormation

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