

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN 26 AM 9:57

DOCUMENT # **L02000027428**

1. Entity Name

**Lipton Israel Tenni LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**19495 Biscayne Blvd  
Suite, Apt. #, etc.  
410**

3. Mailing Address

**19495 Biscayne Blvd  
Suite, Apt. #, etc.  
410**

DO NOT WRITE IN THIS SPACE

City & State

**Aventura, FL**

City & State

**Aventura FL**

4. FEI Number

**38-3663711**

Applied For

Not Applicable

Zip  
**33180**

Country  
**USA**

Zip  
**33180**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Janice Barney**

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

**19495 Biscayne Blvd Ste. 410  
City Aventura FL Zip Code 33180**

**DO NOT WRITE  
IN THIS SPACE**

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

**Janice Barney** **Janice Barney**

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS AKA Lipton 19495 Biscayne Blvd Aventura, Florida 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DNP KEMETH ISRAEL 19495 Biscayne Blvd Aventura, FL 33180</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>05/01/03 - 01022 -- 016 -- \$50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 #

CR2E083B (12/02)