

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000005435**

**1. Entity Name**  
**LYMPHATICS +, L.L.C.**

**Principal Place of Business**  
 7572 ANDORRA PLACE  
 BOCA RATON FL 33433

**Mailing Address**  
 7572 ANDORRA PLACE  
 BOCA RATON FL 33433

**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**

**APPLIED FOR**

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**

**COHEN, PAMELA F**  
 7572 ANDORRA PL  
 BOCA RATON FL 33433

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

TITLE  Delete  
**MGRM**  
 NAME **HUMEN, SUZANNE**  
 STREET ADDRESS **800 PARKVIEW DR., APT #522**  
 CITY-ST-ZIP **HALLEDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **COHEN, PAMELA F**  
 STREET ADDRESS **7572 ANDORRA PLACE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 60B, Florida Statutes.**

**SIGNATURE:**

*Suzanne Humen*

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

65-0950562

FILED  
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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

CR2E083 (11/00)