

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90187 018 ****50.00

DOCUMENT # L98000Q00392

1. Entity Name

2790 North Federal LLC

DO NOT WRITE IN THIS SPACE

954683

2. Principal Place of Business
5065 Highway A1A

Suite, Apt. #, etc.

3. Mailing Address

5065 Highway A1A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Vero Beach, Florida

City & State
Vero Beach, Florida

4. FEI Number
65-0837160

Applied For
Not Applicable

Zip
32963

Country
USA

Zip
32963

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas F. Panza

Street Address (P.O. Box Number is Not Acceptable)
c/o Panza, Maurer & Maynard, P.A.

3600 North Federal Highway, 3rd Floor

City
Ft. Lauderdale

FL

Zip Code
33308

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

Thomas F. Panza

4/23/02
DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager/Member
Guy B. Snowden
5065 Highway A1A
Vero Beach, Florida 32963

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager/Member
Victor Markowicz
5065 Highway A1A
Vero Beach, Florida 32963

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Guy B. Snowden

Guy B. Snowden

04.18.02

772.231.5858

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

Date

Daytime Phone #

CR2E083B (12/01)