

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90154 024 ****50.00

DOCUMENT # L99000002723

1. Entity Name

TAVISTOCK, WELLINGTON, L.C.



Principal Place of Business

Mailing Address

~~10485 COLLINS AVENUE, SUITE 2731~~
MIAMI BEACH FL 33160

~~10485 COLLINS AVENUE, SUITE 2731~~
MIAMI BEACH FL 33160

16500 Collins Ave Suite 3051
Sunny Isles Beach, FL 33160

16500 Collins Ave Suite 3051
Sunny Isles Beach FL 33160

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 65-0920551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, CLIVE
16485 COLLINS AVENUE, SUITE 2731
MIAMI BEACH FL 33160

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME LEWIS, CLIVE ☐ Delete
STREET ADDRESS ~~10485 COLLINS AVENUE, SUITE 2731~~
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16500 Collins Ave, Suite 3051
CITY-ST-ZIP Sunny Isles Beach FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1.7.03

305-945-5872

CR2E083 (10/02)