

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90110 010 ****50.00

DOCUMENT # L02000004124

1. Entity Name

FLORIDA STORM PROPERTIES, L.L.C.



Principal Place of Business

19370 COLLINS AVE. #1612-C
SUNNY ISLES BEACH FL 33160

Mailing Address

19370 COLLINS AVE. #1612-C
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

16500 Collins AVE

3. Mailing Address

16500 Collins AVE

Suite, Apt. #, etc.

apt # 1254

Suite, Apt. #, etc.

apt # 1254

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

Zip

33160

Country

Dade

Zip

33160

Country

Dade



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3604686

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

NEMTSEV, IRINA ESQ.
6363 N.W. SIXTH WAY
SUITE 420
FT. LAUDERDALE FL 33309

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RYBAK, OLEG
19370 COLLINS AVE. #1612-C
SUNNY ISLES BEACH FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RYBAK, OLEG
16500 Collins AVE, apt #1254
Sunny Isles Beach, FL 33160

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RYBAK, SERGEY
19370 COLLINS AVE. #1612-C
SUNNY ISLES BEACH FL 33160

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TITLE
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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:

Oleg Rybak **REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)