

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

DOCUMENT # L02000032911

1. Entity Name:

OCALA ASSOCIATES, LLC



FILED

03 FEB 19 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

3109 STIRLING ROAD

Suite, Apt. 8, etc.

SUITE 200

City & State:

FORT LAUDERDALE, FL

Zip:

33312

Country:

USA

3. Mailing Address:

3109 STIRLING ROAD

Suite, Apt. 8, etc.

SUITE 200

City & State:

FORT LAUDERDALE, FL

Zip:

33312

Country:

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number:

59-3762991

Applied Fee:

Not Applicable

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

7. Name and Address of Current Registered Agent:

Name:

WALTER HOLLANDER

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

3109 STIRLING ROAD

SUITE 200

City:

FORT LAUDERDALE, FL

FL

Zip Code:

33312

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: WALTER HOLLANDER

FEBRUARY 13, 2003

LEE IS \$50.00

Not to be Paid to Florida Department of State

DUE BY MAY 1

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19/03--01011--007 **50.00

9. MANAGING MEMBER/MANAGERS:

NAME: MGRM
WALTER HOLLANDER
STREET ADDRESS: 3109 STIRLING ROAD, SUITE 200
CITY-ST-ZIP: FORT LAUDERDALE, FL 33312

NAME: MGRM
DAVID HOLLANDER
STREET ADDRESS: 3109 STIRLING ROAD, SUITE 200
CITY-ST-ZIP: FORT LAUDERDALE, FL 33312

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

M THOMAS

10. I hereby certify that the information supplied with this filing is true and correct, and that no signature shall have the same legal effect if made and placed on this report or the receiver or trustee conserved by executing this report as required by Chapter 23, Florida Statutes.

SIGNATURE: WALTER HOLLANDER

FEBRUARY 13, 2003 (954) 962-9700