

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 002 ****50.00

DOCUMENT # L02000032330

1. Entity Name

1U4U, LLC



Principal Place of Business

10030 WEST MCNAB ROAD
FT. LAUDERDALE FL 33321

Mailing Address

10030 WEST MCNAB ROAD
FT. LAUDERDALE FL 33321

2. Principal Place of Business

15751 SHERIDAN ST.

3. Mailing Address

15751 SHERIDAN ST.

Suite, Apt. #, etc.

STE. 212

Suite, Apt. #, etc.

STE. 212

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33331

Country

USA

Zip

33331

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

90-0072154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGULES, SCOTT ESQ.
20801 BISCAYNE BLVD. SUITE 303
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

DAVID L. GEIER

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

6325 TWEKS BURY TERRACE

City

DAVIE

FL

Zip Code

33331

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

David L. Geier

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 8-23-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME PD
STREET ADDRESS DAVID L. GEIER
CITY-ST-ZIP 6325 TWEKS BURY TER
DAVIE, FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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:

David L. Geier

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

8-23-03

Date

954-434-8728

Daytime Phone #

CR2E083 (4/03)