

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90003 035 ****50.00

DOCUMENT # L00000000076

1. Entity Name

L.G. MINIS, L.C.



Principal Place of Business

**6530 W. ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**

Mailing Address

**6530 W. ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**

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 **65-0970180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RITTER, GREGORY J ESQ.
7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433
L.G. MINIS, L.C.

7. Name and Address of New Registered Agent

Name **Mark M. Hasner, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
One S.E. 3rd Avenue, Suite 2400
City **Miami** FL Zip Code **33131**

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.

**6530 W. ROGERS CIRCLE, SUITE 31
BOCA RATON FL 33487**

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

3-7-03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **LEDER, SEAN M**
STREET ADDRESS **6530 W. ROGERS CIRCLE, SUITE 31**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
NAME **RITTER, GREGORY J ESQ.**
STREET ADDRESS **7000 WEST PALMETTO PARK ROAD, SUITE 400**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **LEDER, SEAN M**
STREET ADDRESS **6530 W. ROGERS CIRCLE, SUITE 31**
CITY-ST-ZIP **BOCA RATON FL 33487**

10. ADDITIONS/CHANGES

TITLE **MANAGER** **65-0970180** ☒ Change ☐ Addition
NAME **STJ MANAGEMENT, INC**
STREET ADDRESS **6530 W. ROGERS CIRCLE, SUITE 31**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

3/1/03

(561) 995-7878

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

Date

Daytime Phone #

0032468

CR2E083 (10/02)