

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000620

1. Entity Name

LARGO PARTNERS, L.L.C.

Principal Place of Business

3201 N FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE FL 33306

Mailing Address

3201 N FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE FL 33306

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

65-0975022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAGER, MARK L.  
3201 N FEDERAL HIGHWAY  
SUITE 300  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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.

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 Department of State

600004137726--2

-05/07/01--01007--024

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

Managing Member ☐ Change ☒ Addition  
Sager, Mark L.  
3201 N Federal Highway, Suite 300  
Fort Lauderdale, FL 33306

Managing Member ☐ Change ☒ Addition  
Nordal, Jonas S.  
3201 N Federal Highway, Suite 300  
Fort Lauderdale, FL 33306

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Jonas S. Nordal

4/11/01

954-565-5999

Date

Daytime Phone #

CR2E083 (11/00)