

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90963 008 ****50.00

LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ***L00000001999

1. Entity Name

990 West Commercial Blvd LLC

DO NOT WRITE IN THIS SPACE

935715

2. Principal Place of Business

990 W. Commercial Blvd

3. Mailing Address

4801 South University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 227

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Davie, FL

4. FEI Number

65-0990207

Applied For

Not Applicable

Zip

33309

Country

Zip

33328

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mark Brown

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

4801 South University Dr

Suite 227

City

Davie,

FL

Zip Code
33328

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

CEO/D

NAME

Mark Brown

STREET ADDRESS

2752 SW 132nd Way

CITY - ST - ZIP

Davie, FL 33330

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

PRES/D

NAME

Kevin McKenna

STREET ADDRESS

1061 E. Wilshire Circle

CITY - ST - ZIP

Pembroke Pines, FL 33027

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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

Mark Brown

Date

(954) 252-5551

Daytime Phone #

CR2E083B (12/01)