

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002287

1. Entity Name

BROOKLYN MILLENNIUM GROUP, LLC

Principal Place of Business

4224 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210

Mailing Address

4224 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210

2. Principal Place of Business

JACKSONVILLE

3. Mailing Address

4244 ST. JOHNS AVE.

Suite, Apt. #, etc.

4244 ST. JOHNS AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

FL.

Zip

32210

Country

DUVAL

Zip

32210

Country

DUVAL

6. Name and Address of Current Registered Agent

LANGTON, MICHAEL  
4224 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210

FILED

01 AUG -3 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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

*Michael Langton*

2/26/2001

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  
Due By September 26, 2001

100004534541--9  
-08/14/01--01087--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM  
STREET ADDRESS LANGTON ASSOCIATES, INC.  
CITY-ST-ZIP 4224 ST. JOHNS AVENUE  
JACKSONVILLE FL 32210 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Michael Langton*

2/26/2001 904-387-3342

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

Date

Daytime Phone #

CR2E083 (5/01)