

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90095 043 *****50.00

DOCUMENT # L00000002378

1. Entity Name

WD JACKSONVILLE FL, LLC



Principal Place of Business

**C/O I REISS & SON STE 2201-
60 EAST 42ND STREET - STE. 1841
NEW YORK NY 10165**

Mailing Address

**C/O I REISS & SON STE 2201-
60 EAST 42ND STREET - STE. 1841
NEW YORK NY 10165**

2. Principal Place of Business

**C/O I. REISS & SON
Suite, Apt. #, etc.
SUITE 1841**

3. Mailing Address

**C/O I. REISS & SON
Suite, Apt. #, etc.
SUITE 1841**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4088993**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SONN, TERRI G P.A.
20801 BISCAYNE BLVD #501**

**MIAMI FL 33150
Aventura FL 33180**

Name

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

City

AVENTURA

FL

Zip Code

33180

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
NAME **HEFFNER, LINDA**
STREET ADDRESS **60 EAST 42ND ST., STE. 1841**
CITY-ST-ZIP **NEW YORK NY 10165**

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

TITLE **MGRM** ☐ Delete
NAME **MILLER, ROBERTA**
STREET ADDRESS **60 E. 42ND ST., STE. 1841**
CITY-ST-ZIP **NEW YORK NY 10165**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1-7-03

1212 697-4458

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

Date

Daytime Phone #

CR2E083 (10/02)