

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90019 014 \*\*\*\*50.00

**DOCUMENT # L00000003727**

1. Entity Name

**PAVLIK DESIGN TEAM - ARCHITECTURE, L.L.C.**



Principal Place of Business

Mailing Address

**1301 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301**

**1301 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301**

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 **65-0995517**

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**

**DAVIS, JAMES B  
500 E-BROWARD BLVD., #1400  
FT. LAUDERDALE FL 33394**

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. 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 September 24, 2003**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
PAVLJK, SVEN T  
1301 E BROWRD BLVD  
FORT LAUDERDALE FL 33301** ☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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NAME  
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PERRODIN, GERALD TODD  
1301 E BROWRD BLVD  
FORT LAUDERDALE FL 33301** ☐ Delete

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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**

**7/10/2003**

**954-523-3300**

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

Date

Daytime Phone #

CR2E083 (4/03)