

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90036 020 \*\*\*\*50.00

**DOCUMENT # L00000004473**

1. Entity Name

**AMERICAN ASSOCIATIONS LLC**

Principal Place of Business

**21911 LAKE FOREST CIRCLE #105  
BOCA RATON FL 33433**

Mailing Address

**21911 LAKE FOREST CIRCLE #105  
BOCA RATON FL 33433**

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

**59-3723313 65-1020048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELHOFFER, RAYMOND  
21911 LAKE FOREST CIRCLE #105  
BOCA RATON FL 33433**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **KELHOFFER, RAYMOND**  
STREET ADDRESS **21911 LAKE FOREST CIRCLE #105**  
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **ST** ☐ Delete  
NAME **KELHOFFER, VERONICA J**  
STREET ADDRESS **21911 LAKE FOREST CIRCLE #105**  
CITY-ST-ZIP **BOCA RATON FL 33433**

☐ Change ☐ Addition  
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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:**

*Raymond Kelhoffer*

**RAYMOND KELHOFFER PRESIDENT 4-3-02 (561) 416-7337**

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

Date

Daytime Phone #

CR2E083 (9/01)