

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90077 048 *****50.00

DOCUMENT # L00000004509

1. Entity Name

SANTONI OF PALM BEACH, LLC



Principal Place of Business

**245 WORTH AVENUE
PALM BEACH FL 33480**

Mailing Address

**8500 REMINGTON AVE SUITE F
PENNSAUKEN NJ 08110**

2. Principal Place of Business

3. Mailing Address

6 BLACK FOREST RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAMILTON N.J.

Zip

Country

Zip

Country

08691

MERCER

4. FEI Number

22-3727745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, GENE
245 WORTH AVENUE
PALM BEACH FL 33480**

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. 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)

9/5/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
KATTAN, ELLIOTT
8500 REMINGTON AVE. SUITE F
PENNSAUKEN NJ 08110**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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

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

9/5/03

Date

Daytime Phone #

CR2E083 (4/03)

0022384