

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90130 048 ****50.00

DOCUMENT # L00000005324

1. Entity Name
PONTANGO, L.L.C.



Principal Place of Business
**3705 S FEDERAL HIGHWAY
BOYNTON BEACH FL 33435**

Mailing Address
**PO BOX 740026
BOYNTON BEACH FL 33474**

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 **65-1047268**

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

**ARONSON, CAROLE
102 NORTH SWINTON AVE
DELRAY BEACH FL 33444**

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 *Carol Aronson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-3-03
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 **MGR** ☐ Delete
NAME **PONTANO, MARY ANN**
STREET ADDRESS **6312 HATTERAS CLUB DR.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Mary Ann Pontano**
STREET ADDRESS **4260 St. Andrews Dr.**
CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE **MGR** ☐ Delete
NAME **PONTANO, MICHAEL**
STREET ADDRESS **6312 HATTERAS CLUB DR.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Michael Pontano**
STREET ADDRESS **4260 St. Andrews Dr.**
CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Mary Ann Pontano* **SIGNATURE REQUIRED**

1-3-03
Date

561-734-8333
Daytime Phone #

CR2E083 (10/02)