

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90009 015 \*\*\*\*50.00

**DOCUMENT # L00000006466**

1. Entity Name

**DENCARL ASSOCIATES, LLC**



Principal Place of Business

**550 MAMRONECK AVE  
SUITE 404  
HARRISON NY 10528**

Mailing Address

**550 MAMRONECK AVE  
SUITE 404  
HARRISON NY 10528**

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 **NOT APPLICABLE**

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

**BLALOCK LANDERS WALTERS & VOGLER PA  
802 11TH ST W  
BRADENTON FL 34205**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **BERNARD H. KAYDEN LIVING TRUST**  
STREET ADDRESS **10312 SHIREOAKS LANE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **MGRM** ☐ Delete  
NAME **MILDRED KAYDEN LIVING TRUST**  
STREET ADDRESS **10312 SHIREOAKS LANE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **MGRM** ☐ Delete  
NAME **SANDRA K LAMBERT REV TRUST**  
STREET ADDRESS **2855 WOODLAND DR**  
CITY-ST-ZIP **WASHINGTON DC 20008**

TITLE ☒ Change ☐ Addition  
NAME **SANDRA K LAMBERT REV TRUST**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **KAYDEN, JEROLD S**  
STREET ADDRESS **11 CLEMENT CIRCLE**  
CITY-ST-ZIP **CAMBRIDGE MA 07138**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11 CLEMENT CIRCLE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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

Date

Daytime Phone #

4/2/03

914/381-1010

CR2E083 (10/02)