

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90047 032 \*\*\*\*50.00

DOCUMENT # L00000006722

1. Entity Name

SPRINGER, LLC



**DO NOT WRITE IN THIS SPACE**

30037919

2. Principal Place of Business

6757 VERSAILLES CT.

3. Mailing Address

3089 CHATEAU LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

PALM BEACH GARDENS

Zip

33467

Country PALM

BEACH COUNTY

Zip

33467

Country

PALM BEACH

4. FEI Number

65-1157171

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SYD SPRINGER

Street Address (P.O. Box Number is Not Acceptable)

6757 VERSAILLES CT.

City

LAKE WORTH, FL.

FL

Zip Code

33467

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

*Syd Springer*

2/17/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ALAN SPRINGER  
3069 CHATEAU LANE  
PALM BEACH GARDENS, FL. 33410

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CR2E083B (12/02)

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:

*Alan Springer*

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

2/18/03 561-775-5673

Date

Daytime Phone #