

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90002 025 ****55.00

971561



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000006829

1. Entity Name
LAVIAN, LLC

Principal Place of Business
3010 N.E. 46TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address
3010 N.E. 46TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business
3010 NE 46th St

3. Mailing Address
Same

Suite, Apt. #, etc.
 City & State
Lighthouse Pt. FL

Suite, Apt. #, etc.
 City & State

4. FEI Number **65-1108738**

Applied For
 Not Applicable

Zip
33064

Country
U.S.A

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BALSAMO, VINCENT ESQ.
3010 N.E. 46TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name **Vincent Balsamo**
 Street Address (P.O. Box Number Not Acceptable)
3010 NE 46th St
 City **Lighthouse Pt** **FL** Zip Code **33064**

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 **Vincent Balsamo**
 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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME **MGR BALSAMO, VINCENT** ☐ Delete
 STREET ADDRESS **3010 N.E. 46TH STREET**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: Vincent Balsamo REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)