

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90755 040 ****50.00

0011156

DOCUMENT # L00000006829

1. Entity Name

LAVIAN, LLC



Principal Place of Business

Mailing Address

**3010 N.E. 46TH STREET
LIGHTHOUSE POINT FL 33064**

**3010 N.E. 46TH STREET
LIGHTHOUSE POINT FL 33064**

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 **65-1108738**
65-1105738

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

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

Name
STEPHEN M. GOLDING

Street Address (P.O. Box Number is Not Acceptable)
1475 W. CYPRESS CREEK ROAD

SUITE 204

City **FT. LAUDERDALE,**

FL

Zip Code **33309**

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

TITLE **MGR** ☐ Change ☒ Addition
NAME **BALSAMO, MARIA**
STREET ADDRESS **3010 N. E. 46TH STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL. 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

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

Date

Daytime Phone #

4-28-03 **931-942-0085**

CR2E083 (10/02)