

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-24-2003 90050 017 ****50.00

DOCUMENT # L00000007386

1. Entity Name

LINDSAY HOLDINGS, L.L.C.



Principal Place of Business

Mailing Address

**960 ALTON ROAD
MIAMI BEACH FL 33139
US**

**C/O ROTH & SCHOLL
1500 SAN REMO AVE #176
CORAL GABLES FL 33146
US**

2. Principal Place of Business

230 Fifth Street

Suite, Apt. #, etc.

Second Floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

**City & State
Miami Beach, FL**

Zip

33139

Country

USA

Country

4. FEI Number **65-1022521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROTH, JEFFREY C ESQ
ROTH & SCHOLL
1500 SAN REMO AVENUE SUITE 176
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete
NAME **LEVINE, PHILIP**
STREET ADDRESS **1425 N. VIEW DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **CO-MGRM** ☒ Change ☐ Addition
NAME **LEVINE, PHILIP**
STREET ADDRESS **1425 N. VIEW DRIVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **CO-MGRM** ☐ Change ☒ Addition
NAME **ROBINS, SCOTT**
STREET ADDRESS **230 FIFTH STREET, SECOND FLOOR**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

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

TITLE ☐ Change ☐ Addition
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 and am authorized 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 #

**2/18/03 305
673-9500**

CR2E083 (10/02)