

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007643

1. Entity Name
FLOYD ORTHOTICS, LLC

FILED
Aug 11, 2002 8:00 am
Secretary of State

01-23-2002 90046 031 ***150.00
08-11-2002 90166 009 ****50.00

973224



DO NOT WRITE IN THIS SPACE

Principal Place of Business
231 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480

Mailing Address
231 ROYAL PALM WAY
SUITE 100
PALM BEACH FL 33480

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **APPLIED FOR**
65-1020590

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

VALDES-FAULI CORPORATE SERVICES INC
777 S FLAGLER DR SUITE 500 E
WEST PALM BEACH FL 33401

Name **Ron Kochman**
Street Address (P.O. Box Number is Not Acceptable)
Kochman & Braun
222 Lake Vista Avenue, Suite 980
City **West Palm Beach** FL Zip Code **33401**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/27/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **PRES**
STREET ADDRESS **FLOYD, RAYMOND**
CITY-ST-ZIP **231 ROYAL PALM WAY**
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP**
STREET ADDRESS **FLOYD, MARIA**
CITY-ST-ZIP **231 ROYAL PALM WAY**
PALM BEACH FL 33480

TITLE
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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 #

CR2E083 (4/02)