

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90023 008 \*\*\*\*50.00

DOCUMENT # L00000007643

1. Entity Name

FLOYD ORTHOTICS, LLC



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

10 Blossom Way

Suite, Apt. #, etc.

3. Mailing Address

10 Blossom Way

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

Zip

33480

Country

Zip

33480

Country

4. FEI Number 65-1020590

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

KOCHMAN, RON  
KOCHMAN & BRAUN  
222 LAKE VIEW AVENUE SUITE 950  
WEST PALM BEACH FL 33401

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

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Floyd, Raymond  
10 Blossom Way  
Palm Beach, FL 33480 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Floyd, Maria  
10 Blossom Way  
Palm Beach, FL 33480 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

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

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]*  
SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-30-03

CR2E083 (10/02)