

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90120 013 \*\*\*\*50.00

DOCUMENT # L00000008029

1. Entity Name

LINDA HINCHLIFFE AND ASSOCIATES, LLC



Principal Place of Business

3720 S. OCEN BLVD  
304  
HIGHLAND BEACH FL 33487

Mailing Address

3720 S. OCEN BLVD  
304  
HIGHLAND BEACH FL 33487

2. Principal Place of Business

3720 S Ocean Blvd  
Suite, Apt. #, etc.

3. Mailing Address

3720 S OCEAN BLVD  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number 34-1225379

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

HINCHLIFFE, LINDA A  
3720 SOUTH OCEAN BLVD  
304  
HIGHLAND BEACH FL 33487

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	HINCHLIFFE, LINDA A	3720 SOUTH OCEAN BLVD	HIGHLAND BEACH FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	HINCHLIFFE, DANIEL A	3720 SOUTH OCEAN BLVD	HIGHLAND BEACH FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/03/03

561-243  
0255

Date

Daytime Phone #

CR2E083 (10/02)