## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 05, 2002 8:00 am<sup>5</sup> Secretary of State DOCUMENT # L0000008855 1. Entity Name 03-05-2002 90001 050 \*\*\*\*50 00 CLIFFORD D. TAYLOR, LLC Principal Place of Business Mailing Address 2120 NW 103 AVE 2120 NW 103 AVE 930333 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1023517 Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TAYLOR, CLIFFORD D Street Address (P.O. Box Number is Not Acceptable) 2120 NW 103 AVE PEMBROKE PINES FL 33026 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State. Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition ☐ Delete TITLE NAME TAYLOR, CLIFFORD D STREET ADDRESS STREET ADDRESS 2120 NW 103 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . = .CITY-ST-ZIP □ Detete TITLE Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

**FILED**