

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90044 026 \*\*\*\*50.00

**DOCUMENT # L00000009142**

1. Entity Name

**THE HOLTZMAN FAMILY, LLC**



Principal Place of Business

**3590 SOUTH OCEAN BLVD  
PALM BEACH FL 33480**

Mailing Address

**3590 SOUTH OCEAN BLVD  
PALM BEACH FL 33480**

2. Principal Place of Business

**3590 South Ocean Blvd**

3. Mailing Address

**3590 South Ocean Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach, FL**

City & State

**Palm Beach, FL**

Zip

**33480**

Country

**USA**

Zip

**33480**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2063981**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 **MGRM** ☐ Delete  
NAME **HOLTZMAN, COLLETTE**  
STREET ADDRESS **3590 OCEAN BLVD**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **MGRM** ☐ Delete  
NAME **JENIFER F. KELLY REVOCABLE TRUST**  
STREET ADDRESS **374 GLENBROOK DRIVE**  
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Collette Holtzman** **3-22-03** **(561) 588-4713**

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

Date

Daytime Phone #

CR2E083 (10/02)