

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010405

1. Entity Name
HOLIDAY GARDENS, LLC

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1101 S.E. 15TH AVE.
DEERFIELD BEACH FL 33441
4661 N. Federal Hwy
Pompano Beach FL 33064

Mailing Address
1101 S.E. 15TH AVE.
DEERFIELD BEACH FL 33441
1101 E. Sample Road
Pompano Beach FL 33064

2. Principal Place of Business
4661 N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
1101 E. Sample Road
Suite, Apt. #, etc.

City & State
Pompano Beach FL

City & State
Pompano Beach FL

Zip
33064

Country
USA

Zip
33064

Country
USA

4. FEI Number
65-1042636

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, LYN
1101 S.E. 15TH AVE.
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name
Lyn Tilley

Street Address (P.O. Box Number is Not Acceptable)
1101 E. Sample Road

City
Pompano Beach FL Zip Code
33064

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.

SIGNATURE Lyn Tilley
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 Department of State

600004009176--5
-04/16/01--01005--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)