## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000010405

1. Entity Name

HOLIDAY GARDENS, LLC



**FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90001 043 \*\*\*\*50.00

101 E. SAMPLE ROAD POMPANO BEACH FI. 3004  2. Principal Pace of Business  Sulte, Apr. 4, etc.   CHCK HERE IF MAKING CHANGES  Sulte, Apr. 4, etc.   CHCK HERE IF MAKING CHANGES  Cry & State  Cry & State	Principal Plac	e of Business	ħ	Mailing Address											
2. Principal Piece of Business  Suite, Apr. 4, etc.															
Suite. Apt. 4 etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   CHECK HERE IF MAKING CHANGES    Zip   Country   Zip   Country   S. Certificate of Status Desired   Sa. 0.0 apticulate    For Required    For Required   Sa. 0.0 apticulate    For Required	FUMENNO DEA	OH FL 33004	r.	MITAINO DENON EL 33009	•										
Suite. Apt. 4 etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   CHECK HERE IF MAKING CHANGES    Zip   Country   Zip   Country   S. Certificate of Status Desired   Sa. 0.0 apticulate    For Required    For Required   Sa. 0.0 apticulate    For Required	2. Principal Place of Business			3. Mailing Address											
City & State  Country  Country  Size  Size  Size  Size  Country  Size  Size  Size  Size  Country  Size  S							4 1004/5011 SH SSHA SSHA SSHA SSHA SSHA SSHA SSHA								
Zp Country Zp Country S. Certificate of Status Desired Special Special Special Country S. Certificate of Status Desired Special Country S. Certificate of Status Desired Special Country Speci	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES								
S. Certificate of Status Degree   Fice Required    TILLEY, LYN   1101 E. SAMPLE ROAD	City & State			City & State				.4. FEI Num	ber	65-104	2636		<u> </u>	<del></del>	le
TILEY, LYN 1101 E. SAMPLE ROAD POMPANO BEACH FL 33064  City  City  FL  Zip Code  City  City  City  Cit	Zip Country			Zip	ntry		5. Certificate of Status Desired								
TILLEY, LYN 101 E. SAMPLE ROAD POMPANO BEACH FL 33064  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, hard or primed many of ingreesed agent and it is applicable.  RECEIVED AND STREET ADDRESS  OITH-ST-2P  POMPANO BEACH FL 33064  MERKLE, PETER F  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  POMPANO BEACH FL 33064  OITH-ST-2P  TILLE NOW!  MERKLE, PETER F  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  OMANO BEACH FL 33064  OITH-ST-2P  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  OMANO BEACH FL 33064  OITH-ST-2P  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  OMANO BEACH FL 33064  OITH-ST-2P  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  OITH-ST-2P  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  OITH-ST-2P  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  TILLE NOW!  TILLE NOW!  SIREST ADDRESS  OITH-ST-2P  TILLE NOW		6. Name and Address of Cur	rent Regi	stered Agent				7. Name a	ıd Addı	ess of I	New Re	gistered	<u>`</u>		
Street Address (P.O. Box Number is Not Acceptable)	TILLEY LYM					Name									
POMPANO BEACH FL 33064  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or registered agent.    Signature				Street Address			ddress (F	(P.O. Box Number is Not Acceptable)							$\neg$
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat															$\dashv$
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SIGNATURE    Signature   Signa						City						FI	_   Zip Co	ode	
SIGNATURE    Signature, typed or printed name of registered agant and stell it application.   NOTE. Registered Agent signature received when refrestating)   Date			ent for the	purpose of changing its	register	ed office or	registere	ed agent, or b	oth, in t	he State	of Flor	ida. I am	familiar witl	h, and accep	ıt
Signature. Nyred or printed name of registered agent and 11 applicable. IRLE NOW!!! FEE Is \$50.00 Make Check Payable to Florida Department of State Due 5 May 1, 2003  9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  17ITE	_	ons or registered agent.													
9. MANAGING MEMBERS MANAGERS  TITLE MM	SIGNATURE .	Signature, typed or printed name of registered	agent and title	if applicable. (NOTE	Registere	d Agent signatu	re required	when reinstating)				DATE			1
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   MANAGERS   MANAGERS				FILE NO	) !!! WC	FEE IS \$5	50.00								
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