

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010737

1. Entity Name
CONSOLIDATED INVESTMENT GROUP L.L.C.

FILED

01 APR 30 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2932 JOG ROAD
GREENACRES FL 33467

Mailing Address
2932 JOG ROAD
GREENACRES FL 33467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
above

3. Mailing Address
above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number ☐ 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

ARMAGANIAN, JUDITH L
6201 SW 7TH COURT
PLANTATION FL 33317

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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
MEMBER/Manager	JUDITH L. ARMAGANIAN	6201 SW 7TH CT	Plantation, FL 33317		

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-05/15/01--01085--009
*****50.00 *****50.00

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: *Judith L. Armaganian* 4-23-01 854 587-4964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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