

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90003 037 \*\*\*\*50.00

0015841

<b>DOCUMENT #</b> L00000011135	
<b>1. Entity Name</b> BOARDROOM ACCOUNTING AND CONSULTING SERVICES, L. L.C.	

<b>Principal Place of Business</b> 220 MIRACLE MILE, SUITE 221 CORAL GABLES FL 33134	<b>Mailing Address</b> 220 MIRACLE MILE, SUITE 221 CORAL GABLES FL 33134
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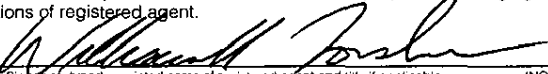
<b>2. Principal Place of Business</b> 201 S. Biscayne Blvd. Suite, Apt. #, etc. 2720 City & State MIAMI, FL Zip 33131 Country USA.	<b>3. Mailing Address</b> 201 S. Biscayne Blvd. Suite, Apt. #, etc. 2720 City & State MIAMI, FL Zip 33131 Country U.S.A.
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-1047514	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FORSBEE, WILLIAM H 220 MIRACLE MILE, SUITE 221 CORAL GABLES FL 33134	
<b>7. Name and Address of New Registered Agent</b> Name: William H. Forshee Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd. #2720 City: MIAMI FL Zip Code: 33131	

**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:  William H Forshee 4/8/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORSHEE & LOCKWOOD, P.A. 220 MIRACLE MILE #224 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Forshee & Lockwood, P.A. 201 S. Biscayne Blvd., #2720 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input 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 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 type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **4/8/03 (305) 371-6364**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)