

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012759

1. Entity Name

45 VALENCIA AVENUE, L.L.C.

Principal Place of Business

8903 GLADES ROAD SUITE A-8
BOCA RATON FL 33434

Mailing Address

8903 GLADES ROAD SUITE A-8
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1133429

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET
TALLAHASSEE FL 32315

7. Name and Address of New Registered Agent

Name

NEEDLEMAN, ARNOLD MD

Street Address (P.O. Box Number is Not Acceptable)

8903 GLADES ROAD # A-8

City

BOCA RATON

FL

Zip Code

33434

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 Department of State
Due By September 25, 2002

100008379961--8

-10/15/02--01065--004

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	NEEDLEMAN, ARNOLD	
STREET ADDRESS	8903 GLADES ROAD SUITE A-9	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	STERNBERG, ALAN	
STREET ADDRESS	8903 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEDLEMAN, ARNOLD MD	
STREET ADDRESS	8903 GLADES ROAD A-8	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERNBERG, ALAN	
STREET ADDRESS	8903 GLADES ROAD A-8	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

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

Date

Daytime Phone #

10/4/02

561-218-9011

CR2E083 (4/02)

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