

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0015286

DOCUMENT # L00000012759

1. Entity Name

45 VALENCIA AVENUE, L.L.C.



FILED

03 DEC 18 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

NEEDLEMAN, ARNOLD M.D.  
8903 GLADES ROAD, SUITE A-8  
BOCA RATON FL 33434

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. 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 Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME NEEDLEMAN, ARNOLD M.D.  
STREET ADDRESS 8903 GLADES ROAD, SUITE A-8  
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Change ☐ Addition  
NAME 800025165918  
STREET ADDRESS 12/02/03--01061--028 \*\*150.00  
CITY-ST-ZIPTITLE MGRM ☐ Delete  
NAME STERNBERG, ALAN  
STREET ADDRESS 8903 GLADES ROAD, SUITE A-8  
CITY-ST-ZIP BOCA RATON FL 33434TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

CR2E083 (4/03)