

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90088 022 ****50.00

DOCUMENT # L00000012841

1. Entity Name

NB TAMARAC COMMERCE CENTER, LLC



Principal Place of Business

**2005 WEST CYPRESS CREEK RD.. STE. 202
FT. LAUDERDALE FL 33309**

Mailing Address

**2005 WEST CYPRESS CREEK RD.. STE. 202
FT. LAUDERDALE FL 33309**

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 **65-1053438**

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

**BAYNE, SHAWN
STEARNS WEAVER MILLER ET AL
200 E. BROWARD BLVD., STE. 1900
FT. LAUDERDALE FL 33301**

Name **NATHAN BUTTERS**

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

2005 W. CYPRESS CREEK RD., STE. 202

City **FORT LAUDERDALE, FL**

FL

Zip Code
33309

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PD** ☐ Delete
NAME **BUTTERS, NATHAN**
STREET ADDRESS **2005 W. CYPRESS CREEK RD. SUITE 202**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Nathan Butters

SIGNATURE REQUIRED

1-15-2003

(954) 771-5056

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

Date

Daytime Phone #

CR2E083 (10/02)