

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90034 013 ****50.00

DOCUMENT # L00000013184

1. Entity Name

RICHARD-BRANDON CONSTRUCTION, LLC



Principal Place of Business

Mailing Address

**4960 S.W. 72ND AVENUE
STE 400
MIAMI FL 33155**

**4960 S.W. 72ND AVENUE
STE 400
MIAMI FL 33155**

2. Principal Place of Business

1501 SUNSET DRIVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33143

Country

USA

3. Mailing Address

1501 SUNSET DRIVE

Suite, Apt. #, etc.

2ND FLOOR

City & State

CORAL GABLES, FL

Zip

33143

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1054699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE RICHARD BRANDON COMPANY
4960 S.W. 72ND AVENUE, SUITE 400
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name

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

1501 SUNSET DRIVE

2ND FLOOR

City

CORAL GABLES

FL

Zip Code

33143

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

TITLE **P** ☐ Delete
NAME **MATTAWAY, L. RICHARD**
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **V** ☐ Delete
NAME **SHER, MICHAEL J**
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VS** ☐ Delete
NAME **LURIE, BRANDON**
STREET ADDRESS **4960 S.W. 72ND AVENUE, SUITE 400**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **1501 SUNSET DRIVE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ 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 (10/02)