

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90023 003 \*\*\*\*55.00

0011867

**DOCUMENT # L00000013344**

1. Entity Name

**RISPOLI PROPERTIES, LLC**



Principal Place of Business

1948 NW 54TH AVENUE  
MARGATE FL 33063

Mailing Address

1948 NW 54TH AVENUE  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1056662**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF WILLIAM H. BATALLAS, P.A.**  
**3531 GRIFFIN ROAD**  
**FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

**RISPOLI, LUCA**

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

**4201 Mockingbird DRIVE**

City

**BOYTON BEACH**

FL

Zip Code

**33436**

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 **Luca Rispoli**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-28-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **RISPOLI, LUCA**  
STREET ADDRESS **3900 89TH RD S**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4201 Mockingbird DRIVE**  
CITY-ST-ZIP **BOYTON BEACH FL. 33436**

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

TITLE ☐ Change ☐ Addition  
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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 REQUIRED**

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

**Luca Rispoli** **561 732 2098**

Date

Daytime Phone #

CR2E083 (4/03)