

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90032 014 \*\*\*\*50.00

**DOCUMENT # L00000013369**

1. Entity Name  
**NILMAR, LLC**



Principal Place of Business  
**4436 BOUGAINVILLE DRIVE  
LAUDERDALE BY THE SEA FL 33308-3613**

Mailing Address  
**4436 BOUGAINVILLE DRIVE  
LAUDERDALE BY THE SEA FL 33308-3613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1052314**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MERKIN, STEWART A  
444 BRICKELL AVE., STE. 300  
MIAMI FL 33131**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PMGR** ☒ Delete  
NAME **PIOTROWSKI, MAREK**  
STREET ADDRESS **2829 N.E. 33RD CT. #203**  
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **PMGR** ☒ Change ☐ Addition  
NAME **PIOTROWSKI, MAREK**  
STREET ADDRESS **255 IMPERIAL LANE**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE **SMGR** ☒ Delete  
NAME **THORELL, NILS E**  
STREET ADDRESS **2829 N.E. 33RD CT. #203**  
CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **SMGR** ☒ Change ☐ Addition  
NAME **THORELL, NILS E**  
STREET ADDRESS **255 IMPERIAL LANE**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:** SIGNATURE REQUIRED **PIOTROWSKI, MAREK** **MANAGER** **04/25/03** **954-491-3246**

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

Date

Daytime Phone #

CR2E083 (10/02)