

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013758

1. Entity Name
TECKMATE LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004163546--1
-05/08/01--01139--013
*****55.00 *****55.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
11911 US HIGHWAY ONE SUITE 112
NORTH PALM BEACH, FL 33408

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 65-1053317 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

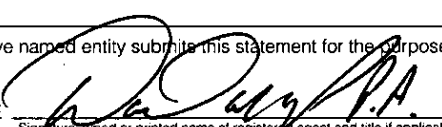
6. Name and Address of Current Registered Agent

MATTHEW BENEDETTO
11911 US HIGHWAY ONE
SUITE 112
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name DAVID M. BOVI
Street Address (P.O. Box Number is Not Acceptable)
319 CLEMATIS ST SUITE 812
City WEST PALM BEACH FL Zip Code 33401

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.

SIGNATURE  David M. Bovi, President David M Bovi, P.A. 4/18/01
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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW J. BENEDETTO <input type="checkbox"/> Delete 11911 US HIGHWAY ONE STE 112 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK DEMEOLO <input type="checkbox"/> Delete 11911 US HIGHWAY ONE STE 112 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSH TALLMAN <input type="checkbox"/> Delete 11911 US HIGHWAY ONE STE 112 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDE TALLMAN <input type="checkbox"/> Delete 11911 US HIGHWAY ONE STE 112 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOUIS BENEDETTO JR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11911 US HIGHWAY ONE STE 112 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/16/2001 561-630-9130

Date Daytime Phone #

CR2E083 (11/00)