

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014096

1. Entity Name  
ELDERISSUES, LLC

FILED 2/6/12  
01 MAY 24 PM 4:19

Principal Place of Business  
2200 N FEDERAL HWY  
SUITE 202  
BOCA RATON FL 33431-7755

Mailing Address  
2200 N FEDERAL HWY  
SUITE 202  
BOCA RATON FL 33431-7755

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

52-2280815

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP  
2000 GLADES RD  
SUITE 400  
BOCA RATON FL 33431-8599

7. Name and Address of New Registered Agent

Name John Boden  
Street Address (P.O. Box Number is Not Acceptable)  
2200 N. FEDERAL HWY #202  
City BOCA RATON FL Zip Code 33431

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 John Boden

John Boden

4/13/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004422531--5  
-06/15/01--01062--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT  
NAME John Boden  
STREET ADDRESS 2200 N. FED HWY #202  
CITY-ST-ZIP BOCA RATON, FL. 33431

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: John Boden

4/13/01 368-2477

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

Date Daytime Phone #

0014619 AF

CR2E083 (11/00)