

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90203 048 ****50.00

DOCUMENT # L00000014096

1. Entity Name

ELDERISSUES, LLC

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**

965603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3650 N. Fed. Hwy

3. Mailing Address

SAME

Suite, Apt. #, etc.

#215

City & State

LIGHTHOUSE PT. FL.

Zip

33064

Country

USA

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

BODEN, JOHN

**2200 N. FEDERAL HWY #202
 BOCA RATON FL 33481**

7. Name and Address of New Registered Agent

Name

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

3650 N. FEDERAL HWY #215

LIGHTHOUSE PT. FL.

City

FL

Zip Code

33064

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **BODEN, JOHN**
 STREET ADDRESS **2200 N. FEDERAL HWY**
 CITY-ST-ZIP **BOCA RATON FL 33431-7755**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **3650 N. Fed Hwy #215**
 STREET ADDRESS **LIGHTHOUSE PT. FL. 33064**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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

John Boden

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

5/1/02 954-786-9668

Date

Daytime Phone #

CR2E083 (9/01)