2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L0000014230

1. Entity Name

EQUISHARE HOLDINGS, LLC



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90049 036 ****50.00

| | | | GOD WE TO | |
|---|--|--|------------------------------------|---|
| Principal P | lace of Business | Mailing Address | | |
| 2424 N. FEDERAL HWY STE. 350 BOCA RATON FL 33431 | | 2424 N. FEDERAL HWY BOCA RATON FL 33431 | STE. 350 | |
| 2. Principa | l Place of Business | 3. Mailing Address | <u> </u> | |
| Suite, Apt. #, etc. | | | | a tabatilant art batti batti batti batti batti batti batti batti bili dibi dibib biliti dali 1887 i |
| | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 65-1058356 Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired 55.00 Additional |
| | 6. Name and Address of Cu | rrent Registered Agent | <u> </u> | Fee Required |
| | | | . Name_ | 7. Name and Address of New Registered Agent |
| PATEL, JYGNESH R | | | | المراج ميد ميسيها والرياد والتداري والمعروب |
| 24 80 | 124 N. FEDERAL HWY., STE. 35 DCA RATON FL 33431 | 50 | Street Addre | ess (P.O. Box Number is Not Acceptable) |
| | | | | |
| | | | City | FL Zip Code |
| The above the obligation | ve named entity submits this statement ations of registered agent. | ent for the purpose of changing it | s registered office or regi | stered agent, or both, in the State of Florida. I am familiar with, and accept |
| | - 0 | | | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable. (NO | TE: Registered Agent signature red | ulred when reinstating) DATE |
| | | | OW!!! FEE IS \$50.0 | |
| | | Make Check Payab | le to Fiorida Depart | ment of State |
| | | Du | e By May 1, 2003 | |
| 9. | | MBERS/MANAGERS | 10. | ADDITIONS/CHANGES |
| title Name | MGR | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| Street address | PATEL, JYGNESH 2424 N. FEDERAL HWY., ST | TE 250 | NAME STREET ARABESES | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | IE. 330 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | MGR | Delete | TITLE | |
| NAME | GESSNER, CARL | 43 5000 | NAME | ☐ Change ☐ Addition |
| STREET ADDRESS | 2424 N. FEDERAL HWY., ST | E. 350 | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | CITY-ST-ZIP | |
| iitle Name | ~ ** . ********************************* | Delete | TITLE | Change Addition |
| TREET ADDRESS | ł | | NAME | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | |
| ITLE | | ☐ Delete | | |
| IAME | ļ | L Delete | TITLE NAME | ☐ Change ☐ Addition |
| TREET ADDRESS | | | STREET ADDRESS | |
| ITY-ST-ZIP | | | CITY-ST-ZIP | |
| ITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| ame Treet address | | | NAME | |
| ITY-ST-ZIP | | | STREET ADDRESS | |
| TLE | | - V- No 1 50 | CITY-ST-ZIP | |
| AME | | ☐ Delete | TITLE | Change - Addition |
| TREET ADDRESS | • • • • • • | and the second of the contract | NAME STREET ADDRESS ~ | |
| TV CT 7ID | ·* | | STREET ADDRESS | |

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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-03

561.338.9971