

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90454 019 ****50.00

DOCUMENT # L00000014939

1. Entity Name
LANT HOLDINGS, LLC

Principal Place of Business

**551 NW 77TH STREET
 SUITE #108
 BOCA RATON FL 33487
 US**

Mailing Address

**551 NW 77TH STREET
 SUITE #108
 BOCA RATON FL 33487
 US**

000101

2. Principal Place of Business

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.
SUITE #11

City & State
BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.
SUITE #11

City & State
BOCA RATON, FL

Zip
33487

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
59-3709980

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALBANESE, LEONARD A MGR
 551 NW 77TH STREET SUITE #108
 SUITE #11
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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.

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 Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **ALBANESE, NICHOLAS MGRM**
 STREET ADDRESS **551 NW 77TH STREET SUITE #108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGR** ☐ Delete
 NAME **ALBANESE, LEONARD A MGR**
 STREET ADDRESS **551 NW 77TH STREET SUITE #108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGRM** ☐ Delete
 NAME **ALBANESE, TARA MGRM**
 STREET ADDRESS **551 NW 77TH STREET SUITE #108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MGRM** ☐ Delete
 NAME **ALBANESE, ANTHONY MGRM**
 STREET ADDRESS **551 NW 77TH STREET SUITE #108**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1200 S. ROGERS CIRCLE, #11**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

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 NAME
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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: SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)