

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000015179**

1. Entity Name

HUDSON AVENUE, LLC**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90089 036 ****50.00

0004737

Principal Place of Business

**1670 HURON DRIVE
MAITLAND FL 32751**

Mailing Address

**1670 HURON DRIVE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 E. Adams Dr.

Suite, Apt. #, etc.

3. Mailing Address

1600 E. Adams Dr.

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751-5854

Country

USA

City & State

Maitland, FL

Zip

32751-5854

Country

USA4. FEI Number **59-3685593**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FREY, JULIA L
215 N. EOLA DRIVE
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGR
GOLDMAN, MARILYN S
1670 HURON DRIVE
MAITLAND FL 32751** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGR
GOLDMAN, SIEGMUND I
1670 HURON DRIVE
MAITLAND FL 32751** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ Addition
**1600 E. Adams Dr.
Maitland, FL 32751-5854**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Change ☐ Addition
**1600 E. Adams Dr.
Maitland, FL 32751-5854**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:*Marilyn S. Goldman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/9/02 407-628-4619

Date

Daytime Phone #

CR2E083 (4/02)