

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90230 024 ****50.00

0025445

DOCUMENT # L00000015545

1. Entity Name

ERS, L.C.



Principal Place of Business

**600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION FL 33324**

Mailing Address

**600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION FL 33324**

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 **65-1069915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GRAHAM, WILLIAM B
215 S MONROE ST., STE 600
TALLAHASSEE FL 32301**

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **RENfro, TIM A SR**
STREET ADDRESS **2945 SURREY LN**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **MGR** ☒ Delete
NAME **PILLUNG, DAVID G**
STREET ADDRESS **5730 NW 61ST PLACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Bill Latta**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Greg Hudson**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **MGR** ☐ Change ☒ Addition
NAME **William B. Van Meter**
STREET ADDRESS **600 N Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Richard Duer**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **SEC** ☐ Change ☒ Addition
NAME **Scott Bachert**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400, Plantation,**
CITY-ST-ZIP **FL 33324**

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

4/21/03

954-577-2200

Date

Daytime Phone #

CR2E083 (10/02)