

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015558

Entity Name

VIGILANT, LLC

L00000015558

FILED

01 MAY 17 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
312 S.W. 19th St.
Ft. Lauderdale FL 33315

Mailing Address
1312 S.W. 19th St.
Ft Lauderdale, FL 33315

Principal Place of Business
1312 SW 19th St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ft Lauderdale FL
Zip 33315

City & State
Same
Country USA

4. FEI Number **65-1061331** ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Nicholas Daniels Esq.
One SE 3rd Ave Suite 2400
Miami, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

BK

MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Dennis DeLong 1312 SW 19th St Ft. Lauderdale, FL 33315	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Robert Samuelson 4675 North Long Lake Road Traverse City, MI 49684	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

Dennis DeLong

04/30/2001

(954) 779-1769

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

Date

Daytime Phone #