

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90060 011 ****50.00

0015277

DOCUMENT # L00000016013

1. Entity Name

RIVERBIRCH DEVELOPERS, LLC



Principal Place of Business

Mailing Address

19787 OAKBROOK CIRCLE *2263 NW BOCA RATON BLVD*
BOCA RATON, FL 33434 *BOCA RATON, FL 33434*

2. Principal Place of Business

3. Mailing Address

2263 NW BOCA RATON BLVD

2263 NW BOCA RATON BLVD

Suite, Apt. #, etc.

Unit #102

Suite, Apt. #, etc.

Unit #102

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

USA

Zip

33431

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1063099**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICALLEF, JOHN
975 SW 11TH COURT
BOCA RATON FL 33486

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

John Micallef
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Aug. 06, 03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MICALLEFF, JOHN**
STREET ADDRESS **975 SW 11H COURT**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE **MGR** ☒ Delete
NAME **STEINER, LOU**
STREET ADDRESS **19787 OAKBROOK CIR**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **MGR** ☒ Delete
NAME **KATZ, GARY**
STREET ADDRESS **7516 MAHOGANY BEND PLACE**
CITY-ST-ZIP **BOCA RATON**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: *John Micallef*

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

Aug. 06, 03 (501)362-5447

Date

Daytime Phone #

CR2E083 (4/03)