

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91481 031 ****50.00

DOCUMENT #

1. Entity Name

201000001074 ✓
GODIN ENTERPRISES, LLC

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949219

2. Principal Place of Business

3. Mailing Address

11900 ROYAL PALM BLVD.

SOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

Zip
33065

Country

Zip

Country

4. FEI Number

65-1073355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GREGORY P. GODIN

Street Address (P.O. Box Number is Not Acceptable)

11900 ROYAL PALM BLVD

City CORAL SPRINGS

FL

Zip Code 33065

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

X GREGORY P. GODIN

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

X 4/14/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MP
GREGORY P. GODIN
11900 ROYAL PALM BLVD.
CORAL SPRINGS, FL 33065

TITLE
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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:

X GREGORY P. GODIN

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

Date

Daytime Phone #

X 4/14/02 X (408) 970-5333

CR2E083B (12/01)