

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90051 027 ****50.00

DOCUMENT # L01000001298

1. Entity Name

GAR ASSOCIATES, L.L.C.



Principal Place of Business

**2645 COUNTRY GOLF DR.
WELLINGTON FL 33414**

Mailing Address

**2645 COUNTRY GOLF DR.
WELLINGTON FL 33414**

20007373

2. Principal Place of Business

2645 COUNTRY GOLF DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

Zip

33414

Country

U.S.A.

Country

4. FEI Number **65-0636912**

Applied For.

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, ALLAN
2645 COUNTRY GOLF DR.
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

NONE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROSENTHAL, ALLAN
2645 COUNTRY GOLF DR.
WELLINGTON FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ROSENTHAL, GERALDINE
2645 COUNTRY GOLF DR.
WELLINGTON FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ 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:

SIGNATURE REQUIRED

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

1/13/03 (561) 795-4721

Date

Daytime Phone #

CR2E083 (10/02)