

* Amended *

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -4 PM 1:15

11/5

DOCUMENT # L01000001405

1. Entity Name
EDGEWATER ONE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1717 Second Street

3. Mailing Address
1717 Second Street

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34236 USA

Zip Country
34236 USA

4. FEI Number
65-1086300

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent


Name Ronald R. Shenkin

Street Address (P.O. Box Number is Not Acceptable)
1717 Second Street

Suite D

City Sarasota, FL Zip Code 34236

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  Neil N. Malamud

10/20/02
DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE 843903
NAME Malco Industries, Inc
STREET ADDRESS 1717 Second Street Ste A
CITY-ST-ZIP Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300008432243--4
-10/17/02--01084--015
*****526.25 *****526.25

TITLE
NAME Ronald Shenkin
STREET ADDRESS 1717 Second St. Ste. D
CITY-ST-ZIP Sarasota, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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

10/20/02 941-951-2511
Date Daytime Phone #

CR2E083B (12/01)