

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90118 015 ****50.00

DOCUMENT # L01000001841

1. Entity Name

LNS CONSULTANTS, LLC

Principal Place of Business

**C/O IRVING SHIMOFF, ESQ.
 BANK OF AMERICA TWR. 100 SE 2ND ST STE3920
 MIAMI FL 33131**

Mailing Address

**C/O IRVING SHIMOFF, ESQ.
 BANK OF AMERICA TWR. 100 SE 2ND ST STE3920
 MIAMI FL 33131**

2. Principal Place of Business

17806 Litten Drive

**Suite, Apt. #, etc.
 Boca Raton, FL**

City & State

3. Mailing Address

17806 Litten Drive

**Suite, Apt. #, etc.
 Boca Raton, FL**

City & State

Zip

33498 - USA

Country

33498 - USA

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHIMOFF, IRVING
 100 S.E. 2ND ST., STE. 3920
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name Murray D. Shear

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

17806 Litten Drive

City Boca Raton, FL Zip Code 33498

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

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

Murray D. Shear

4/22/02

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

Murray D. Shear ☐ Change ☒ Addition
17806 Litten Drive
Boca Raton, FL 33498

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/02

305-373-9435

Date

Daytime Phone #

CR2E083 (9/01)