

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90081 047 ****50.00

DOCUMENT # L01000002181

1. Entity Name

JW LIENS, LLC



Principal Place of Business

**630 U.S. HIGHWAY 1, SUITE 300
 NORTH PALM BEACH FL 33408**

Mailing Address

**630 U.S. HIGHWAY 1, SUITE 300
 NORTH PALM BEACH FL 33408**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1080125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **JUSTIN WEISENBACHER**

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

630 HWY 45. 4

Suite 300

City

North Palm Beach

FL

Zip Code

33408

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 **Justin Weisenbacher**

4/9/2002

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**CEOS
 MATTHEW A. MARINI
 2305 RIVER WOODS DR
 NAPERVILLE, IL 60565**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP
**P
 JUSTIN WEISENBACHER
 1080 FAIRVIEW LANE
 SINGER ISLAND, FL 33404**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
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TITLE
 NAME ☐ Change ☐ Addition
 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: **Justin Weisenbacher**

4/9/2002 (561) 841-3123

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

Date

Daytime Phone #

CR2E083 (9/01)