

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

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90584 024 ****50.00

DOCUMENT # L01000002221

1. Entity Name

SIMON LEGAL STAFFING, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12456 Antille Drive
Suite, Apt. #, etc.

3. Mailing Address
12456 Antille Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1076331

Applied For
Not Applicable

Zip
33428

Country
USA

Zip
33428

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Julia Pincus

Street Address (P.O. Box Number is Not Acceptable)
12456 Antille Drive

City
Boca Raton FL Zip Code
33428

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

DATE

FEES \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member/Manager
Pincus, Julia
12456 Antille Drive
Boca Raton, FL 33428

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Julia Pincus
Member/Manager

Date

Daytime Phone #

4/28/02 561-483-1753

CR2E083B (12/01)