

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90692 011 ****55.00

00239322

DOCUMENT # L01000002725

1. Entity Name

SHERIDAN APARTMENTS, LLC



Principal Place of Business

**2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308**

Mailing Address

**2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

4200 SHERIDAN HOLLYWOOD

3. Mailing Address

8445 SPRINGTREE DR

Suite, Apt. #, etc.

OFFICE

Suite, Apt. #, etc.

OFFICE

City & State

HOLLYWOOD FL

City & State

SUNRISE FL

Zip

33021

Country

BROWARD

Zip

33351

Country

BROWARD



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, THOMAS M
2400 EAST COMMERCIAL BLVD.
SUITE 820
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

CONSTANTIN ARDELEAN

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

8445 SPRINGTREE DR SUNRISE FL

City

SUNRISE

FL

Zip Code

33351

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

Constantin Ardelean

04/28/03

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
**MGRP
ARDELEAN, CONSTANTIN
8445 SPRINGTREE DR
SUNRISE FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ARDELEAN, SORIN
2601 ENE 18TH STR
POMPANO BEACH FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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:

Constantin Ardelean

04/28/03

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

Date

Daytime Phone #

CR2E083 (10/02)