

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90208 007 ****50.00

DOCUMENT # 201000003145
1. Entity Name LID, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3201 B SPANISH WELLS DR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL
Zip 33445 Country

City & State
Zip Country

4. FEI Number
65-1085416
Applied For
Not Applicable

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 LEONARD J. BERRY
Street Address (P.O. Box Number is Not Acceptable)
3201 B SPANISH WELL DR
City DELRAY BEACH FL Zip Code 33445

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR M
NAME LEONARD J. BERRY
STREET ADDRESS 3201 B SPANISH WELLS DR
CITY-ST-ZIP DELRAY BEACH, FL 33445

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Leonard J. Berry

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

April 29, 2002

Date

561-638-6344

Daytime Phone #

CR2E083B (12/01)