

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

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90041 015 ****50.00

DOCUMENT #

1. Entity Name

AVONDALE LLC
LO1000000 3279

DO NOT WRITE IN THIS SPACE

978807

2. Principal Place of Business

6312 N.W. 119TH. TERR.

3. Mailing Address

20533 BUCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 302

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

AVENTURA FLORIDA

4. FEI Number

65-1079610

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33180

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

DAVID - GLASSBERG.

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

13615 SOUTH DIXIE HIGHWAY #114-514

City

MIAMI

FL

Zip Code

33176

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.

DAVID M. GLASSBERG

08/09/02

DATE

FEE IS \$50.00.

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MEM
FRANCES WRIGHT
8870 N.W. 14TH. STREET
PEMBROKE PINES FL 33024

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE OPERATING MANAGER
MICHAEL WRIGHT
8870 N.W. 14TH. STREET
PEMBROKE PINES FL 33024

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
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:

Frances Wright

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

08/09/02

Date

Daytime Phone #

(305) 669-9535

CR2E083B (12/01)

Attachment
LAW OFFICES

GLASSBERG & GLASSBERG, P.A.

918301

LOI 000003229

13615 SOUTH DIXIE HIGHWAY
#114-514
MIAMI, FLORIDA 33176

DAVID M. GLASSBERG
LORI H. GLASSBERG

OF COUNSEL:
JAMES NEAL HUTCHINSON, JR.

(305) 669-9535
FAX (305) 669-0804

August 9, 2002

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: AVONDALE LLC

Gentlemen:

This Law Firm represents AVONDALE LLC. I enclose the Annual Report and our check in the amount of \$50.00. Our Client never received the Annual Report. We respectfully request that the Penalty be waived.

Thank you in advance for your cooperation in this matter.

Very truly yours,

David M. Glassberg

DMG/bal

cc: AVONDALE LLC