

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/7/20

FILED
Sep 22, 2003 8:00 am
Secretary of State

05-07-2003 90044 019 ****50.00

DOCUMENT # L01000003961

1. Entity Name

4D TECHNOLOGY, LLC



Principal Place of Business

**5000 N. OCEAN BLVD. #207
FT LAUDERDALE FL 33308**

Mailing Address

**5000 N. OCEAN BLVD. #207
FT LAUDERDALE FL 33308**

55056955

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

APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOHEN, JEFFREY ROY ESQ.
297 SUNNY ISLES BLVD.
SUNNY ISLES BEACH FL 33160**

correct spelling =

7. Name and Address of New Registered Agent

Name **COHEN**

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when releasing)

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
**MEM
WHITFIELD, DALE
5000 N. OCEAN BLVD. #207
FT LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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)(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 REQUIRED

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

April 28, 2003 (954) 783 8442

Date

Daytime Phone #

CP2ED03 (10/02)