

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004123

1. Entity Name

VIRGIN VENTURES, LLC

Principal Place of Business

12798 FOREST HILL BLVD., SUITE 202
WELLINGTON FL 33414

Mailing Address

12798 FOREST HILL BLVD., SUITE 202
WELLINGTON FL 33414

2. Principal Place of Business

5606 PGA Boulevard

Suite, Apt. #, etc.
Suite 211

3. Mailing Address

5606 PGA Boulevard

Suite, Apt. #, etc.
Suite 211

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip
33418

Country
USA

Zip
33418

Country
USA

4. FEI Number

65-1091965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONALD WITKOWSKI, P.A.
12798 FOREST HILL BLVD., SUITE 202
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name
Ronald Witkowski, Esq.
Street Address (P.O. Box Number is Not Acceptable)
5606 PGA Boulevard, Suite 211

City
Palm Beach Gardens, FL Zip Code
33418

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.

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNING, PHILIP 12798 FOREST HILL BLVD., SUITE 202 WELLINGTON FL 33414	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5606 PGA Boulevard, Suite 211 Palm Beach Gardens, FL 33418	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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:

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

4/26/02

Date

561-624-2001

Daytime Phone #

FILED
Jul 23, 2002 8:00 am
Secretary of State

04-16-2002 90071 015 ****50.00

39417

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)