

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90576 024 \*\*\*\*50.00

**DOCUMENT # L01000004346**

1. Entity Name  
**A & L, LLC**



Principal Place of Business

**6574 N. STATE ROAD 7  
#277  
COCONUT CREEK FL 33073**

Mailing Address

**6574 N. STATE ROAD 7  
#277  
COCONUT CREEK FL 33073**

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 **65-1038223**

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

7. Name and Address of New Registered Agent

**GILL, A. WAYNE ESQ.  
1499 WEST PALMETTO PARK ROAD  
SUITE 312  
BOCA RATON FL 33486**

Name **A. WAYNE GILL, ESQ**  
Street Address (P.O. Box Number is Not Acceptable)

**200 Congress Park Drive Suite 210**

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. I am familiar with, and accept the obligations of registered agent.

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

**A. WAYNE GILL, ESQ.**

**1/10/03**  
DATE

(NOTE: Registered agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ALFIERI, MARK**  
STREET ADDRESS **291 FAN PALM ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☒ Delete  
NAME **WARM, ERIC**  
STREET ADDRESS **2335 NW 64TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **LEVINE, JACK**  
STREET ADDRESS **11330 TIMBERLODGE TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **JACK LEVINE**  
STREET ADDRESS **7601 WEST CYPRESS HARBOR DRIVE**  
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **MGR** ☒ Delete  
NAME **HACKER, BRAD**  
STREET ADDRESS **10808 NASHVILLE DRIVE**  
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**1/9/03** **904 969-1010**  
Date Daytime Phone #

CR2E083 (10/02)