

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90006 020 *****50.00

DOCUMENT # L01000004759

1. Entity Name

WILSHIRE PLAZA, L.L.C.



Principal Place of Business

**755 WEST STATE ROAD 434, SUITE H
LONGWOOD FL 32750**

Mailing Address

**755 WEST STATE ROAD 434, SUITE H
LONGWOOD FL 32750**

2. Principal Place of Business

815 Orienta Avenue

3. Mailing Address

815 Orienta Avenue

Suite, Apt. #, etc.

#1040

Suite, Apt. #, etc.

#1040

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3706357

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

**MAHAFFEY, JOHN D JR, ESQ
3113 LAWTON ROAD, SUITE 225
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

Leffler, Glen A

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

815 Orienta Avenue, #1040

City

Altamonte Springs

FL

Zip Code
32701

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

Glen A. Leffler

Man. Member

4/09/2003

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEFFLER, GLEN A	
STREET ADDRESS	714 SPRING FOREST CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUDOLPH, DONALD	
STREET ADDRESS	1774 LAKE BERRY DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

Glen A. Leffler, Managing Member 4/09/2003 407-830-1414

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

Date

Daytime Phone #

CR2E083 (10/02)

0004924