

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90070 016 \*\*\*\*50.00

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**DOCUMENT # L01000005309**

1. Entity Name

**MARGOLIS GRAL SUNRISE, LLC**



Principal Place of Business

**750 COLLINS AVENUE, SUITE 300  
MIAMI BEACH FL 33139-6277**

Mailing Address

**PO BOX 190561  
MIAMI BEACH FL 33119**

2. Principal Place of Business

**6738 W. Sunrise Blvd**

3. Mailing Address

**6738 W. Sunrise Blvd**

Suite, Apt. #, etc.

**Suite 105**

Suite, Apt. #, etc.

**Suite 105**

City & State

**Plantation, FL**

City & State

**Plantation, FL**

Zip

**33313**

Country

**USA**

Zip

**33313**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1093961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS GRAL, LLC  
750 COLLINS AVENUE, SUITE 300  
ATTN: PETER MARGOLIS  
MIAMI BEACH FL 33139-6277**

7. Name and Address of New Registered Agent

Name

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 reinstating)

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 **MGRM** ☐ Delete  
NAME **MARGOLIS GRAL, LLC**  
STREET ADDRESS **750 COLLINS AVENUE, SUITE 300**  
CITY-ST-ZIP **MIAMI BEACH FL 33139-6277**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Margolis Gral, LLC**  
STREET ADDRESS **6738 W. Sunrise Blvd, #105**  
CITY-ST-ZIP **Plantation, FL 33313**

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

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

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

TITLE ☐ Change ☐ Addition  
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 REFLECTED MARGOLIS**

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

Date

Daytime Phone #

CR2E083 (10/02)