

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90036 034 ****50.00

DOCUMENT # L01000006055

1. Entity Name
LUDO, LLC



Principal Place of Business

**5325 NAIMAN PARKWAY
G
SOLOH OH 44139**

Mailing Address

**10192 BREEZEWAY PLACE
BOCA RATON FL 33428**

20023569



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**5325 Naiman Parkway
G**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOLOH OH

City & State

4. FEI Number **34-1954425**

Applied For

Not Applicable

Zip

44139

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARLMAN, JAY C
10192 BREEZEWAY PLACE
BOCA RATON FL 33428**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PEARLMAN, JAY C
10192 BREEZEWAY PLACE
BOCA RATON FL 33428** ☐ Delete

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

TITLE
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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 REQUIRED~~

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

1-6-03

Date

561-487-0840

Daytime Phone #

CR2E083 (10/02)