

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90109 008 *****50.00

DOCUMENT # L01000007003

1. Entity Name

LITTLE RASCALS, LLC.



Principal Place of Business

**225 NE MIZNER BLVD., STE. 524
BOCA RATON FL 33432**

Mailing Address

**225 NE MIZNER BLVD., STE. 524
BOCA RATON FL 33432**

2. Principal Place of Business

8177 Glades rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca raton FL

City & State

Zip

33434

usa

Country

4. FEI Number

65-1124501

Applied For

Not Applicable

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

KAPLAN, JED

**225 NE MIZNER BLVD., STE. 524
BOCA RATON FL 33432**

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

1/8/03

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
**MEM
KAPLAN, JED
225 NE MIZNER BLVD., STE. 524
BOCA RATON FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**man Kaplan, Jed
8177 Glades rd
Boca raton, FL 33434** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
KAPLAN, JAMIE
225 NE MIZNER BLVD., STE. 524
BOCA RATON FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**man Kaplan, Jamie
8177 Glades rd
Boca raton, FL 33434** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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

1/8/03

Date

561-672-4727

Daytime Phone #

CR2E083 (10/02)