

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90582 015 ****50.00

DOCUMENT # L01000008068

1. Entity Name

LYONS TECH I, LLC

Principal Place of Business

1096 EAST NEWPORT CENTER DRIVE
 SUITE 100
 DEERFIELD BEACH FL 33442

Mailing Address

1096 EAST NEWPORT CENTER DRIVE
 SUITE 100
 DEERFIELD BEACH FL 33442

90616



DO NOT WRITE IN THIS SPACE

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

65-1150348

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAYNE, SHAWN
200 EAST BROWARD BLVD.
SUITE 1900
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **Malcolm Butters**

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

1096 E. Newport Center Drive, Suite 100

City **Deerfield Beach**

FL

Zip Code
33442

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., #100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/>		<input type="checkbox"/>
MGR BUTTERS, MARK 1096 E. NEWPORT CENTER DR., #100 DEERFIELD BEACH, FL 33442	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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

4/29/02

(954) 570-8111

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

Date

Daytime Phone #

CR2083 (9/01)