

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90001 003 ****50.00

DOCUMENT # L01000008341

1. Entity Name

7390 LLC



Principal Place of Business

C/O GENE H. TONN
7500 N.W. 5TH ST., STE. 103
PLANTATION FL 33317

Mailing Address

C/O GENE H. TONN
7500 N.W. 5TH ST., STE. 103
PLANTATION FL 33317

10101900



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7201 NW 9TH ST

Suite, Apt. #, etc.

3. Mailing Address

7201 NW 9TH ST

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

City & State

Plantation, FL

Zip

33317

Country

4. FEI Number

65-1114960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUDOLF & HOFMAN, P.A.
615 N.E. 3RD AVE.
FT LAUDERDALE FL 33304

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 MGR
NAME TOMM, GENE
STREET ADDRESS 7201 NW 9TH ST
CITY-ST-ZIP PLANTATION FL 33317

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

Gene H. Tonn

6/7/03

828-456-9050

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

Date

Daytime Phone #

CR2E083 (10/02)

0025247

Attachment
Doc# LO10000000341
10107406

Gene H. Tonn
259 Semeion Ridge
Waynesville, NC 28786
828 456-9058

Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Due to a change of address, a mail hold, and personal retirement, I did not receive the UBR report forms in a timely manner to meet the deadline for filing.

I respectfully ask that the late charges be waved.

Sincerely,



Gene H. Tonn