

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90693 005 ****50.00

DOCUMENT # L01000008764

1. Entity Name

KHOC, LLC



Principal Place of Business

**8151 PETERS RD., STE. 4000
PLANTATION FL 33324**

Mailing Address

**8151 PETERS RD., STE. 4000
PLANTATION FL 33324**

2. Principal Place of Business

755 BOARDMAN - CANFIELD RD.

Suite, Apt. #, etc.

SOUTHBRIDGE WEST, BLDG. K-1

City & State

YOUNGSTOWN, OHIO

Zip
44512

Country

USA

3. Mailing Address

755 BOARDMAN - CANFIELD RD.

Suite, Apt. #, etc.

SOUTHBRIDGE WEST, BLDG. K-1

City & State

YOUNGSTOWN, OHIO

Zip
44512

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1112275

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

SAUTTER, CHRISTIAN ESQ.

SEILER & SAUTTER

2900 EAST OAKLAND PARK BLVD., STE. 200

FT LAUDERDALE FL 33306

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
**MGR
KOSAR, BERNIE J
8151 PETERS RD. STE. 4000
PLANTATION FL 33324**

☐ Delete

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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

4/30/03

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

Date

Daytime Phone #

CR2E083 (10/02)