

FILED
Jul 28, 2002 8:00 am
Secretary of State

01-23-2002 90047 050 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008779

1. Entity Name

NATIONWIDE LIQUIDATORS AND DISTRIBUTORS, LLC

Principal Place of Business

Mailing Address

DENNIS J. HALDERMAN
2500 NE 135TH #507
N MIAMI, FL 33181

DENNIS J. HALDERMAN
2500 NE 135TH #507
N MIAMI, FL 33181

2. Principal Place of Business

10811 N.E. 5th AVE.

3. Mailing Address

10811 N.E. 5th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1071914

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALDERMAN, DENNIS
2500 NE 135TH
#507
N MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

Dennis J Halderman

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

10811 N.E. 5th AVE

City

MIAMI, FL

FL

Zip Code

33161

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

7-9-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Dennis Halderman
10811 N.E. 5th AVE
MIAMI, FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 19.07(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

7-9-02

Date

Daytime Phone #

305-947-6667

CR2E083 (4/02)

Attachment

39897

#L01000008779

7-11-02

To Whom it May Concern:

In regards to the \$50.00 permit

I've already made it. I contacted
someone from your department,
they said it will be held,
until I finish the paper work.

So, Thank you for your
patience

Sincerely,

Dennis Halderman

Dennis Halderman