

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000009923**

1. Entity Name

JOANDALE, L.L.C.

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91463 028 ****50.00

Principal Place of Business

**9690 CAROUSEL CIR.
BOCA RATON FL 33434**

Mailing Address

**9690 CAROUSEL CIR.
BOCA RATON FL 33434**

948264

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

71-0870331

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

**KOPPEL, DALE
9690 CAROUSEL CIR.
BOCA RATON FL 33434**

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:

SIGNATURE

Dale Koppel

4/12/2

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
KOPPEL, DALE
9690 CAROUSEL CIR.
BOCA RATON FL 33434**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E083 (9/01)

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:

Dale Koppel

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

12/april/2002 561-852-7165

Date

Daytime Phone #