


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90120 028 ****50.00

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DOCUMENT # L01000010017	
1. Entity Name KENT ENTERPRISES, LLC	

Principal Place of Business 1109 N. STATE RD. 7 HOLLYWOOD FL 33021	Mailing Address 2040 SW MAPPLE RD. SUITE 203 PALM CITY FL 34990
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2. Principal Place of Business 8400 RUMFORD DR Suite, Apt. #, etc.	3. Mailing Address 8400 RUMFORD DR Suite, Apt. #, etc.
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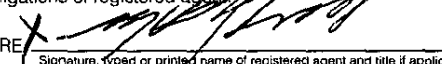
City & State BOYNTON BEACH FL	City & State BOYNTON BEACH FL
Zip 33437	Country US
Zip 33437	Country US



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent BRINKLEY, W. MICHAEL ESQ. 200 E. LAS OLAS BLVD #1900 FORT LAUDERDALE FL 33301	
7. Name and Address of New Registered Agent Name: MICHAEL R. KENT II Street Address (P.O. Box Number is Not Acceptable): 8400 RUMFORD DR City: BOYNTON BEACH FL Zip Code: 33437	

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:  MICHAEL R. KENT II X 4/16/03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT II, MICHAEL R 4756 114TH LN. CORAL SPRINGS FL 33083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8400 RUMFORD DR. BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENT, MICHAEL R 21460 CARTAGENA DR. BOCA RATON FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  MICHAEL R. KENT II X 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)