

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90998 002 \*\*\*\*50.00

DOCUMENT # *LD/0000/02-45*

1. Entity Name

*Holland Mobile Home Park LLC*



**DO NOT WRITE IN THIS SPACE**

**30062747**

2. Principal Place of Business

*1308 SW 21<sup>st</sup> lane*

Suite, Apt. #, etc.

3. Mailing Address

*5840 NW 42<sup>nd</sup> terrace*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Fort Lauderdale, Florida*

Zip

*33312*

Country

*Broward*

City & State

*Boca Raton, Florida*

Zip

*33496*

Country

*US*

4. FEI Number

*65-1124243*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Michael Gottlieb*

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

*5840 NW 42<sup>nd</sup> terrace*

City

*Boca Raton, FL*

**FL**

Zip Code

*33496*

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]*

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*President.  
Michael Gottlieb  
5840 NW 42<sup>nd</sup> terrace  
Boca Raton, FL 33496*

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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]*

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

Date

Daytime Phone #

*4-25-03 561-241-3132*