

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011062

1. Entity Name

EMERALD EQUITY, LLC



FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90045 001 ****50.00

0014543

Principal Place of Business

2500 WESTON RD., STE. 318
WESTON FL 33331

Mailing Address

2500 WESTON RD., STE. 318
WESTON FL 33331

00100000



2. Principal Place of Business

2843 EXECUTIVE PARK DRIVE

3. Mailing Address

2843 EXECUTIVE PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-1221403

Applied For

Not Applicable

Zip

33331

Country

Zip

33331

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, BRUCE
2500 WESTON RD., STE. 318
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

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

2843 EXECUTIVE PARK DRIVE

City WESTON

FL

Zip Code 33331

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRD	<input type="checkbox"/> Delete
NAME	LEVY, BRUCE	
STREET ADDRESS	2500 WESTON RD #318	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, SCOT	
STREET ADDRESS	2500 WESTON RD #318	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Delete
NAME	INBITTS, ROBERT	
STREET ADDRESS	2500 WESTON RD #318	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CAPANO, SAL	
STREET ADDRESS	2500 WESTON RD #318	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BUDELMAN, ALLAN	
STREET ADDRESS	2500 WESTON RD #318	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2843 EXECUTIVE PARK DRIVE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

Date

Daytime Phone #

CR2E083 (4/03)