

FILED
Sep 30, 2002 8:00 am
Secretary of State

06-24-2002 90296 018 ****50.00

6/24/2002-90296-0

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012089

1. Entity Name

STARLIGHT DANCE HALL LLC

Principal Place of Business

1408 N. KILLIAN DR
#112
WEST PALM BEACH FL 33403
US

Mailing Address

1408 N. KILLIAN DR
#112
WEST PALM BEACH FL 33403
US

2. Principal Place of Business

3961 JAG RD
SUITE 200-0

3. Mailing Address

1408 N. KILLIAN DR
SUITE 200-0

City & State

LAKE WORTH FL

City & State

LAKE PARK FL

Zip

33467

County

DB

Zip

33463

County

DB

4. FEI Number

52-2331745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

CIBULA, FRANK G ESQ.
1551 FORUM PLACE
SUITE 200-0
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

JEFF SENNINGS

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

Signature, Name or Printed Name of registered agent and file if applicable.

Printed Name of registered agent and file if applicable.

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption issued in Section 19.07(3)(f), 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

JEFF SENNINGS

5018624255

EXEMPTION AND TYPES OF FILING: FILING OF BUSINESS ALIENATION, MANAGER, OR AUTHORIZED REPRESENTATIVE

Document Page 1