

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90061 018 ****50.00

DOCUMENT # L01000012961

1. Entity Name

5340 LHP LLC

Principal Place of Business

Mailing Address

~~P.O. BOX 15728~~

P.O. BOX 15728

~~PLANTATION FL 33318-5728~~

PLANTATION FL 33318-5728

**2615 S. University Drive
 Davie, FL 33328**

2. Principal Place of Business

3. Mailing Address

2615 S. University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33328

Country

USA

Zip

Country

4. FEI Number

65-1130132

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

**STELNIK, MARK E
 2615 UNIVERSITY DRIVE
 DAVIE FL 33328**

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

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 **M** ☐ Delete
 NAME **Laver, Douglas A.**
 STREET ADDRESS **273 Shoreacres Rd**
 CITY-ST-ZIP **Burlington, Ont, Can**

TITLE ☐ Change ☒ Addition
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Douglas A. Laver, Manager

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

1/29/2002

Date

954 474-2800

Daytime Phone #

CR2E083 (9/01)