2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013076

1. Entity Name

Principal Place of Business

ROBERT CHARLES AND ASSOCIATES, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90024 009 ****50.00

Principal Pla	ce of Busines	s	Mailing A	Mailing Address									
PO BOX 566			PO BOX 566						2000	١٥٠-			
BOCA RATON	I FL 33429		BOCA RAT	ON FL 33429				20022992					
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2. Principal I	Place of Busin	ness	3. Mailing Address				— 						
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Suite, Apt	t. #, etc.		Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ite		City & State			4. FEI Number 65-1155080 Applied For							
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Zip	Country Zip				Country					\$5.00 A			
					,		5. Certifica	te of Status Desire	ed 🔲	Fee Requir			
	6. Name	and Address of Current I	Registered A	gent			7. Name a	nd Address of Ne	w Registered	•			
601	VOLOEE O	A DV			. 1	lame	· · · · · ·			•			
SOKOLOFF, GARY 1706 COSTA DEL SOL				-			Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33432					٦	ireet Adare	ess (P.O. Box Num	ber is Not Accept.	able)				
ВО	OA RAION	FL 33432											
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			ı		10	city			Fl	Zip Co	de		
3. The above	e named entity	submits this statement for	the purpose	of changing its	registered o	ffice or reg	istered agent, or b	oth, in the State o	f Florida. I am	familiar with	and accept		
the obligat	tions of regist	ered agent.				-	- "				,		
SIGNATURE											i		
	Signature, typed	or printed name of registered agent a	nd title if applicable	. (NOTE	: Registered Age	int signature red	quired when reinstating)		DATE				
				FILE NO	W!!! FEE	IS \$50.0	00						
			Make C				ment of State		•				
					By May 1		· · · · · · · · · · · · · · · · · · ·						
3.		MANAGING MEMBER	S/MANAGEI	RS	10.			ADDITIO	NC (OLIANIOE)				
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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:

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