

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91811 035 \*\*\*\*50.00

**DOCUMENT # L01000013185**

1. Entity Name

**ECKERSLEY LLC**



Principal Place of Business

Mailing Address

701 BRICKELL AVE.  
SUITE 300  
MIAMI FL 33131

701 BRICKELL AVE.  
SUITE 300  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1132956**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE D. PERLMAN, P.A.**  
**701 BRICKELL AVE.**  
**SUITE 3000**  
**MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE \$350.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **SERGE, RICHARD**  
STREET ADDRESS **701 BRICKELL AVE STE 3000**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P/T/S** ☐ Change ☒ Addition  
NAME **SERGE RICHARD**  
STREET ADDRESS **701 Brickell Avenue, Suite 3000**  
CITY-ST-ZIP **Miami, Florida 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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

**SERGE RICHARD, Manager**

Date

Daytime Phone #