

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90003 015 ****50.00

DOCUMENT # L01000013579

1. Entity Name

WIN & PLACE STABLE, LLC



Principal Place of Business

1141 S. ROGERS CIRCLE
SUITE #8
BOCA RATON FL 33487

Mailing Address

1141 S. ROGERS CIRCLE
SUITE #8
BOCA RATON FL 33487

2. Principal Place of Business

400 S OCEAN BLVD

3. Mailing Address

400 S. OCEAN BLVD

Suite, Apt. #, etc.

R-26

Suite, Apt. #, etc.

R-26

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL.

Zip

33432

Country

Zip

33432

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1130592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRISINA, RICHARD
16370 MADDALENA PLACE
DELRAY BEACH FL 33446

Name

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

400 S. OCEAN BLVD R-26

City

BOCA RATON

FL

Zip Code

33432

7. Name and Address of New 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	FRISINA, RICHARD J	
STREET ADDRESS	16370 MADDALENA PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33487	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOTWINICK, ROBERT	
STREET ADDRESS	5687 VINTAGE OAKS CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	400 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

RICHARD FRISINA
[Signature]

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

Date

Daytime Phone #

2/24/03

81-416-4044

CR2E083 (10/02)