

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90002 037 ****50.00

DOCUMENT # L01000014026

1. Entity Name

ROYAL PALM ASSOCIATES, LLC

Principal Place of Business

3300 UNIVERSITY DRIVE
 SUITE 408
 CORAL SPRINGS FL 33065
 US

Mailing Address

3300 UNIVERSITY DRIVE
 SUITE 408
 CORAL SPRINGS FL 33065
 US

2. Principal Place of Business

7550 NW 75 Dr.

3. Mailing Address

7550 NW 75 Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

Parkland FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-1150273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARGO, NEAL
 3300 UNIVERSITY DRIVE
 SUITE 408
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 MARGO, NEAL
 3300 UNIVERSITY DRIVE, SUITE 408
 CORAL SPRINGS FL 33065 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 SAHLEY, THEODORE A SR.
 1310 W. SIXTH STREET, SUITE 210
 CLEVELAND OH 44113 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 7550 NW 75 Dr.
 Parkland FL 33067 ☒ Change ☐ Addition

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

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: **SIGNATURE REQUIRED**

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

1/3/02

Date

Daytime Phone #

CR2E083 (9/01)