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

DOCUMENT # L 010000 14521

SIGNATURE

RESOURCE DRIVE ASSOCIATES, LLC



FILED

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SECHETARY OF STATE TALEAHASSEE, FLORIDA

ICE URIVE ASSOCIATES, LLC	<u>\</u>
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2. Principal Place of Business  8380 RESCURCE PRIVE  3. Mailing 8380		3. Mailing Address 名ろ名の RESOURCE	E DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
City & State	<u> </u>	City & State		4. FEI Number	Applied For	
U)EST PALM	BEACH, FL	WEST PALM BEAG		4. FEI Number 65-1155114	Not Applicable	
Zip 3 3404	Country USA	Zip 33404	Country <i>ひらA</i>	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
5.18 -5.38 6 K -2.	A CONTRACTOR OF			7. Name and Address of Current Register	ed Agent	
3	DO NOTA		<u>™38</u> /	AN B. JOSLYN ESQ.		
Street Address				(P.O. Box Number is Not Acceptable)		
	IN THIS SI	PACE	11	8th FLOOR		
			CityWES	,	L Zip Code 3340	
8. The above named en the obligations of rec	ntity submits this statement figistered agent.	or the purpose of changing its i	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept 3 1 3 0	
SIGNATURE	ped or printed name of registered agen	t and title if applicable.		DATE		
9.	MANAGING MEMB		e to Florida Departi UE BY MAY 1	nent of State		
TITLE MON	2 M		TILE			
NAME O'COA	UNOR, FRANK S.	de en en 1	NAME STREET ADDRESS			
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TITLE			TITLE NAME			
NAME STREET ADDRESS			STREET ADDRESS			

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.

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

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