

FILED  
Jul 17, 2002 8:00 am  
Secretary of State

04-30-2002 90137 021 \*\*\*\*50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014779

1. Entity Name

KATHLEIN AMBRIDGE, L.L.C.

Principal Place of Business

1771 N. CONGRESS AVE.  
BOYNTON BEACH FL 33425

Mailing Address

1771 N. CONGRESS AVE.  
BOYNTON BEACH FL 33425

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0628508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

MARTINCAVAGE & HELEMAN, L.L.C.  
1200 S. FEDERAL HWY, SUITE 1-201  
BOYNTON BEACH FL 33425

7. Name and Address of New Registered Agent

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

Signatures, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 ☐ Delete

President  
Kathleen Ambridge  
1771 N Congress Ave  
Boynton Bch, FL 33425

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10. ADDITIONS/CHANGES

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

6-28-02

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #