

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

02-05-2003 90025 007 \*\*\*\*50.00

**DOCUMENT # L01000014876**

1. Entity Name

**TOLEDANO HOLDINGS LLC**



Principal Place of Business

**3730 SW 51TH ST  
FORT LAUDERDALE FL 33312**

Mailing Address

**3730 SW 51TH ST  
FORT LAUDERDALE FL 33312**

**20023044**

2. Principal Place of Business

**3624 ESTATE OAK CIRCLE  
Suite, Apt. #, etc.**

3. Mailing Address

**3624 ESTATE OAK CIRCLE  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

**FT. LAUDERDALE**

City & State

**PT. LAUDERDALE**

4. FEI Number **65-1134422**

Applied For

Not Applicable

Zip

**FL**

Country

**33312**

Zip

**FL**

Country

**33312**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLEDANO, YIZHAK  
3730 SW 51ST ST  
FORT LAUDERDALE FL 33312**

Name

**TOLEDANO YIZHAK**

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

**3624 ESTATE OAK CIRCLE**

City

**FT. LAUDERDALE**

FL

Zip Code

**33312**

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

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **TOLEDANO, YIZHAK**  
STREET ADDRESS **3760 SW 51ST ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **TOLEDANO YIZHAK**  
STREET ADDRESS **3624 ESTATE OAK CIRCLE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **MGR** ☐ Delete  
NAME **LIAT TOLEDANO**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition  
NAME **TOLEDANO LIAT**  
STREET ADDRESS **3624 ESTATE OAK CIRCLE**  
CITY-ST-ZIP **PT. LAUDERDALE FL 33312**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:** **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)