

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90022 010 ****50.00

DOCUMENT # L01000015441

1. Entity Name

CORPORATE COUNSEL, LLC



Principal Place of Business

**2300 GLADES ROAD, SUITE 440W
BOCA RATON FL 33431**

Mailing Address

**2300 GLADES ROAD, SUITE 440W
BOCA RATON FL 33431**

2. Principal Place of Business

1398 SW 26th Lane
Suite, Apt. #, etc.

3. Mailing Address

1398 SW 26th Lane
Suite, Apt. #, etc.

City & State

Boca Raton FL
Zip **33486** Country **USA**

City & State

Boca Raton FL
Zip **33486** Country **USA**

4. FEI Number **65-1141331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSETTO, BRUCE C
2300 GLADES ROAD, SUITE 440W
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Bruce C. Rosetto**
Street Address (P.O. Box Number is Not Acceptable)
1398 SW 26th Lane
City **Boca Raton FL** Zip Code **33486**

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]

7-9-03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ROSETTO, BRUCE**
STREET ADDRESS **2300 GLADES RD., SUITE 440 WEST**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **BRUCE C. ROSETTO**
STREET ADDRESS **1398 SW 26th Lane**
CITY-ST-ZIP **Boca Raton FL 33486**

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

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

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

TITLE ☐ Change ☐ Addition
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] SIGNATURE REQUIRED

7-9-03

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

Date

Daytime Phone #

CR2E083 (4/03)

0004787