

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 020 ****55.00

DOCUMENT # L01000015484

1. Entity Name

W. LIAM BALDWIN & ASSOCIATES, LLC



Principal Place of Business

**2061 RENAISSANCE BLVD.
103
MIRAMAR FL 33025**

Mailing Address

**POST OFFICE BOX 171335
HIALEAH FL 33017**

2. Principal Place of Business

22605 SW 66TH AVENUE

3. Mailing Address

POST OFFICE BOX 970806

Suite, Apt. #, etc.

SUITE 212

Suite, Apt. #, etc.

c/o BALDWIN

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON, FLORIDA

Zip
33248

Country

PALM BEACH

Zip

33497

Country

PALM BEACH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

14-1858742

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, AWILDA
2061 RENAISSANCE BLVD.
103
MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name
W. LIAM BALDWIN
Street Address (P.O. Box Number is Not Acceptable)
22605 SW 66TH AVENUE SUITE 212
BOCA RATON, FLORIDA
City
BOCA RATON, FL. 33428 Zip Code
33428

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 **W. LIAM BALDWIN**

APRIL 29, 2003

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

TITLE **D** ☐ Delete
NAME **BALDWIN, W. LIAM**
STREET ADDRESS **2061 RENAISSANCE BLVD. # 103**
CITY-ST-ZIP **MIRAMAR FL 33025**

10. ADDITIONS/CHANGES

TITLE **MANAGING DIRECTOR** ☒ Change ☐ Addition
NAME **W. LIAM BALDWIN**
STREET ADDRESS **22605 SW 66TH AVENUE**
CITY-ST-ZIP **BOCA RATON, FLORIDA 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **W. LIAM BALDWIN** **W. LIAM BALDWIN**

APRIL 29, 2003

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

Date

Daytime Phone #

CR2E083 (10/02)