

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015948

1. Entity Name

BLUE MOUNTAIN ASSOCIATES, LLC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90166 011 ****50.00

0001832



DO NOT WRITE IN THIS SPACE

Principal Place of Business
319 HIBISCUS STREET
WEST PALM BEACH FL 33401

Mailing Address
319 HIBISCUS STREET
WEST PALM BEACH FL 33401

2. Principal Place of Business
250 WORTH AVE
Suite, Apt. #, etc.

3. Mailing Address
250 WORTH AVE
Suite, Apt. #, etc.

City & State
PALM BEACH, FL
Zip
33480
Country
PALM BCH

City & State
PALM BEACH, FL
Zip
33480
Country
PALM BEACH

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HOLLIS III, EARL A
319 HIBISCUS STREET
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name
BURTON HANDELSMAN
Street Address (P.O. Box Number is Not Acceptable)
250 WORTH AVE
City
PALM BEACH FL Zip
33480

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/02)