

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 18, 2003 8:00 am  
Secretary of State

03-18-2003 90155 013 \*\*\*\*50.00

DOCUMENT # L01000016441

1. Entity Name

SAYBROOK PRODUCTS, LLC

DO NOT WRITE IN THIS SPACE

30043188

2. Principal Place of Business

26201 RICHMOND ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BEDFORD HEIGHTS OH

City & State

4. FEI Number

65-1148385

Applied For

Not Applicable

Zip

44146

Country

CUYAHOGA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

JOHN OSHER

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

13134 REDON DRIVE

City

PALM BEACH GARDENS

FL

Zip Code

33410

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGING MEMBER  
JOHN D. OSHER  
13134 REDON DRIVE  
PALM BEACH GARDENS, FL 33410

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

Date

Daytime Phone #

216-593-0500