

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016559

1. Entity Name

PINNACLE SILVER LAKES, LLC

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90114 003 ****50.00

Principal Place of Business

Mailing Address

% HODGSON RUSS LLP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

% HODGSON RUSS LLP
1801 N. MILITARY TRAIL, SUITE 200
BOCA RATON FL 33431

877748



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 N. Federal Hwy.

3. Mailing Address

1515 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 405

Suite 405

City & State

City & State

Boca Raton, Florida

Boca Raton, Florida

4. FEI Number

22-3830099

Applied For

Not Applicable

Zip

Country

33432

United States

Zip

Country

33432

United States

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

Name

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

City

FL

Zip Code

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Jamshid Keynejad 1515 N. Federal Hwy., Ste. 405 Boca Raton, Florida 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (4/02)

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

8/20/2002

Date

561-362-6370

Daytime Phone #