

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90055 009 ****55.00

DOCUMENT # L01000018035

1. Entity Name
ARM-ESSERMAN, LC

Principal Place of Business

Mailing Address

**10455 NW 12 STREET
 MIAMI FL 33172**

**10455 NW 12 STREET
 MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

1200 Weston Road

1200 Weston Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

3rd Floor

City & State

City & State

Weston, FL

Weston FL

Zip

Country

Zip

Country

33326

USA

33326

USA

4. FEI Number

30-0075345

Applied For

Not Applicable

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

ARM LC

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

1200 Weston Rd, Third Floor

City

Weston

FL

Zip Code

33326

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.

Patrick Clawson - Managing Member

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/02

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 **ARM, LC - Managing Member** ☐ Delete
 NAME **200 Weston Road, Third Floor**
 STREET ADDRESS **Weston, FL 33326**
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Patrick Clawson, Managing Member

Date

Daytime Phone #

(954) 389-6223

CR2E083 (4/02)