

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000018894**

1. Entity Name

THE LYNDEL GROUP, L.L.C.

Principal Place of Business

**1141 N.W. 193RD AVENUE
PEMBROKE PINES FL 33029**

Mailing Address

**1141 N.W. 193RD AVENUE
PEMBROKE PINES FL 33029****86226**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

41-2025098

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00**

Additional Fee Required

6. Name and Address of Current Registered Agent

**BARRETT-MENA, LYNN M
1141 N.W. 193RD AVENUE
PEMBROKE PINES FL 33029**

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.

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynn M. Barrett-Mena <input type="checkbox"/> Delete Member 1141 NW 193rd Ave Pembroke Pines FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edel Mena <input type="checkbox"/> Delete Member 1141 NW 193rd Ave Pembroke Pines FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/20/02

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-02-2002 90964 031 ****50.00



DO NOT WRITE IN THIS SPACE

CR2003 (9/01)