

**LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

02-05-2002 90061 007 ****50.00

DOCUMENT # L01000018969

1. Entity Name

PT2, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2790 North State Road 7

Suite, Apt. #, etc.

3. Mailing Address

2790 North State Road 7

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate, FL

Zip

33063

Country

USA

City & State

Margate, FL

Zip

33063

Country

USA

4. FEI Number

65-1151307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent—

Name **Bernard A. Singer, Esq.**

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

3107 Stirling Road, Suite 105

City

Ft. Lauderdale

FL

Zip Code

33312

**DO NOT WRITE
IN THIS SPACE**

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, type or print name of registered agent and title if applicable.

2/22/2002
DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MEMBER
Steve Sims
2790 North State Road 7
Margate, FL 33063

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MEMBER
Thomas Dale White
2790 North State Road 7
Margate, FL 33063

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

STEVE SIMS, MEMBER

02/22/02 (954) 974-6100

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

Date

Daytime Phone #

CR2E083B (12/01)