

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90038 020 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000020195			
1. Entity Name CONTRACTOR'S NOTICE OF FLORIDA, LLC			
Principal Place of Business 6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE, FL 33308		Mailing Address 6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE, FL 33308	
2. Principal Place of Business SAME	3. Mailing Address SAME		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	☒ CHECK HERE IF MAKING CHANGES	
Zip	Zip		
Country	Country	4. FEI Number 33-1011473	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent REILLY, FRANK V ESQ. 6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name SAME 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of designated agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROCHE, MYRNABELLE 6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REILLY, FRANK V ESQ. 6245 NORTH FEDERAL HIGHWAY, THIRD FLOOR FORT LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 508, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		8/27/03 954-229-1869 Date Daytime Phone #	

CH2003 (10/02)